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ABSTRACT

This paper reports the results of a study conducted to (1) assess the need for career mobility within the nursing program at Delaware County Community College (Pennsylvania); (2) demonstrate the range of complexity in nursing situations which require diversified educational programs; and (3) propose a model to assess the skills and knowledge of licensed practical nurse applicants to associate degree nursing programs. Sources of data for the study included college nursing program records, Pennsylvania state licensing laws, competencies expected by the State Board of Nurse Examiners, job descriptions, and a questionnaire administered to practical and associate degree nursing students, supervisory nurses, nursing instructors, and members of the community. Results of the study confirmed that there was a need for diversified education for nursing students, that there was a basic core of knowledge for all health practitioners, and that development of a core curriculum would enhance potential health worker mobility. Terminal behaviors for the associate degree nurse were developed based on the findings, and a learning module based on one of the behaviors was developed to demonstrate the usefulness of criterion referenced testing to assess the competency level of the licensed practical nurse applicant. Recommendations for implementing an articulated licensed practical nurse/associate degree nurse program are presented. Survey responses, the learning module, an extensive bibliography, and other study materials are appended. (JDS)

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THE FEASIBILITY OF DEVELOPING A LICENSED PRACTICAL NURSE - ASSOCIATE DEGREE NURSE ARTICULATION PROGRAM AT DELAWARE COUNTY COMMUNITY COLLEGE

BEST COPY AVAILABLE

by

Gilberta M. Trani

Delaware County Community College

A PRACTICUM PRESENTED TO NOVA UNIVERSITY
IN PARTIAL FULFILLMENT FOR THE REQUIREMENT FOR THE
DEGREE OF DOCTOR OF EDUCATION

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INTRODUCTION

Flexible open educational patterns, responsive to individual needs, are required to provide learning opportunities for personal development, career preparation and mobility. The 601,000 residents of Delaware County are served by Delaware County Community College, seven liberal arts colleges and two vocational schools. Two colleges, as well as Delaware County Community College, provide a graduate nurse curriculum. About one hundred and fifty graduate nurses and approximately seventy practical nurses graduate each year from these programs. The practical nurse graduate electing to become eligible for registered nurse licensure should have available to her the opportunity to pursue such a career without loss of time or energy and without repeating material previously learned. Open end (articulation) curricula can provide this opportunity.

The graduates of both the graduate and the practical nurse programs are absorbed into the health care system of Delaware County. Health care institutions include a medical center, a psychiatric hospital, a mental health institute, a geriatric center, several general hospitals and nursing homes. Additionally, physicians, dentists, community nurse associations, industry and school systems require nurses to meet the health needs of the community.

Service to mankind is the primary function and the reason for the existence of the nursing profession. The need for nurses continues to expand as more and more people seek health care. Moreover, there is a growing community awareness of the respon ibilities of the registered nurse. The client expects care to be relevant to his needs and to those

of the provider of care (i.e., cognizant of the increase in number of licensed practical nurses applying for transfer into graduate nurse programs). To provide nursing care that will be equitable for all citizens, it will be necessary that the graduate nurse be able to cope with the needs of a changing society. Furthermore, external forces continue to impinge upon academic freedom and curriculum development. One such force is the public expectation for career mobility in educational programs. Adults of all ages are seeking learning opportunities for first and second careers as well as mobility within a career. The changes made in educational programs must be well planned, based on the needs of the students, the philosophy of the nursing program and the society served. Lenburg (1975) succinctly states:

> Concern of both sides of the career mobility issue are real and specific. Individuals seeking advancement in nursing believe that they have a right to expect that educational institutions will respond to that need without imposing undue restrictions or penalties. They also expect recognition of their past education and experience and individual consideration of their educational goals. On the other hand, educational institutions and nursing departments believe that they have the right to conduct sound programs according to their philosophy and objectives.

Nursing education programs should be designed in response to the many situational factors within the community, within the field of health and within the health education system.

Delaware County Community College exists to serve community needs. The college is committed to offering career oriented curricula. Community colleges are not as concerned with transferability of credit as with the need to put the graduates into the work world after graduation. Nurse educators, as part of the faculty, should be responsive to trends within the community, particularly those in the health field.

Limited mobility, laterally and vertically, among nursing programs to achieve the fullest utilization of manpower and a continued need for registered nurses within and surrounding Delaware County Community College are major concerns in identifying the need for a licensed practical nurse-associate degree nurse articulation program. Economy of time as well as the need for developing each individual to his fullest potential should be the prime concern of nurse educators if nursing is to meet society's increasing demand and needs for skilled workers in nursing.

Nursing has been a series of dead ends. An individual who chooses one type of nursing program bars himself from all others, unless he chooses to go back and begin at the beginning of a new type of curriculum that may well repeat what his previous education and experience has already taught him. Students are adamant about "lock step" education. They are demanding that the educational programs be more responsive to their needs. In addition, they seek articulation so that minimum difficulty is experienced in advancing from one level to the next in the educational hierarchy (i.e., licensed practical nurse to the associate degree level.) Frequently, licensed practical nurses and their employers request that consideration of past learning experiences be considered in qualifying them for advanced placement in associate degree nursing programs. Additionally, the directors of practical nurse programs seek transfer credit for graduates of their programs. It is imperative that this pool of applicants be given reasonable opportunity to demonstrate their knowledge and competence. Thus, the licenced practical nurse could be appropriately placed in the associate degree nursing program.

IMPORTANCE OF THE STUDY

Societal forces such as an increase in the nation's population, a result of lowered infant mortality, control and elimination of disease, expanded public health education and increased life span, have immeasurably increased the need for prepared health workers. Moreover, contemporary society is both knowledgeable and affluent. These factors have increased the need for more efficient and effective health care delivery. Tomlinson (1971) states that:

> Democratic advances in the health sciences have been concomitant with major social changes. The results of these changes have given rise to a service oriented society that is requiring more and better prepared personnel who are able to cope with technological progress and rapid skill obsolescense.

The consumer of health care has become more articulate regarding his concern for the quality of health service. Furthermore, he is now in a position to evaluate health care. The public is becoming increasingly aware and involved in the appropriation of resources and the ordering of priorities. As never before, educational institutions are having to prove their effectiveness not only in providing occupational preparation, but in providing equitable opportunities for various segments of the population. Tomlinson (1971) states:

> In providing responsive health care one dimension affecting both health facilities and educational programs is the continuing search for balance between level of preparation and performance of function. Programs and curricula must be designed to facilitate occupational preparation, mobility and upgrading of the worker.

Articulation programs have been developed in Pennsylvania, offering the licensed practical nurse the opportunity to become a registered nurse with a year's additional preparation. There have been both regional and national workshops focusing on career mobility. Much has been

written in the past decade in both general education and the nursing literature about "flexibility" and "career ladder" opportunities. Trends in nursing education indicate a need for reviewing curriculum patterns noting the impact of independent study, progression according to individual ability and provision for individual differences.

Regarding articulation of nursing education programs, Russell (1970) admonished that, "there should be every opportunity for qualified individuals to transfer from any type of preparatory program in order to pursue higher career goals." The challenge method, universally accepted as a valid means for assessing individual achievement, provides for individual differences, encourages self-directedness and implements the principle of learning readiness. The objectives of many college courses can be achieved by means other than attendance at regular college classes. Achievement of course objectives can be measured by examination and satisfactory scores on examination provide an acceptable basis for granting course credit. No individual should be required to repeat courses he has already mastered and credit should be awarded to individuals who can demonstrate on an examination that they have obtained a level of achievement equivalent to that of regularly enrolled individuals earning credit in a course. Every individual should have available to him opportunities for training and education that will enable him to achieve his fullest potential.

Nurse educators are increasingly involved in an intensive study of career mobility. Admittedly, there is a range of complexity in nursing situations which require diversified educational programs. There is a recognized need for both technical and professional educational programs. The nurse educator must understand nursing practice in general

and specifically the responsibility of the licensed practical nurse and the associate degree nurse to be able to resolve the problems in career mobility for the practical nurse. A problem facing nurse educators is how to assess the knowledge of the licensed practical nurse and develop an educational program which will prepare them for the role they must assume. The question raised by the licensed practical nurse, their employers and nurse educators is what are the functions of the various levels of nursing practice.

In reference to the second concern, Delaware County Community College has offered an associate degree nursing program since September, 1968. The program is accredited by the National League for Nursing and has been since June, 1972. Over two hundred individuals have graduated, a significant figure. According to statistics available from the Commonwealth of Pennsylvania, 12,463 nurses were needed in 1975 to continue to meet the health needs of the citizens. Of this total, 4,148 was predicted as being an "unmet need" for the Delaware Valley area. This projection can be interpreted to mean that anticipated graduation of nurses from existant programs of nursing will not meet the demand for this level of practitioner. Hence, an articulation plan to meet a portion of this need can be justified. Such a plan will not solve the problem, but may well be the impetus for the growth of similar programs in community college settings that will enable the qualified licensed practical nurse to reenter the health care market, a registered nurse, after reasonable additional preparation.

A further justification for developing an articulation program is the current status of practical nurse education. Educational programs have been enriched. The role expectation of the licensed practical nurse

has changed. Through structured staff development programs in community colleges, these individuals are being placed in positions of charge nurse, recovery room nurse and in some instances, supervisory nurse. This has occured because employers of nursing are obligated to provide care to patients and because the licensed practical nurse has demonstrated that she can assume additional responsibility. Many of these nurses aspire to become registered nurses. Yet, educational institutions offer little opportunity for career advancement without the person entering as a new student in the nursing education program.

Recognizing the need for a greater number of registered nurses and the potentiality for career mobility of licensed practical nurses, the licensed practical nurse would be able to become a registered nurse with no loss of time, energy or money in an articulated program. The qualified student could advance as his capabilities permitted. The feasibility of the development of a licensed practical nurse - associate degree nurse articulation program will be the focus of this study.

THE PROBLEM

This study is concerned with the initiation of a licensed practical nurse - associate degree nurse articulation program at Delaware County Community College. It will involve the development of evaluation techniques that will assess the skills and knowledge of the nurse applicant. It is conceivable that this measurement can then be matched with modules of learning that exist within the associate degree nurse curriculum.

Specifically, the purposes of this study are:

1. Assess the need for career mobility within the program of nursing at Delaware County Community College.
2. Demonstrate the range of complexity in nursing situations which require diversified educational programs.
3. Propose a model to assess the skills and knowledge of nurse applicants.

REVIEW OF RELATED LITERATURE

The health care delivery system of the nation has undergone unprecedented growth and change in recent years. Social changes and technological advancements continue to challenge the capability of the current health system to meet emerging needs. Tomlinson (1971) affirms that:

> Traditional patterns of providing health services and preparing health workers are no longer adequate....It has been estimated that adequate health care is available for only approximately 25% of the population; for approximately 59%, the care is described as passable. Factors contributing to major health problems of the health care system are: (1) disparities in the quality of care within, and among states, cities and rural areas; (2) rapid and dynamic changes in health specialties; (3) social and economic changes; (4) increased demand and interest of the citizenry; (5) shifting bases for preparation of health occupation personnel; and (6) multiple agency involvement in funding and approving educational programs. To assure adequate health care, a sustained effort in planning and implementation of health services and preparation of personnel to staff the system are required.

Career mobility remains elusive, partly due to the complex and often contradictory patterns of education that exist in the career of nursing. Several career alternatives are available to the student aspiring to become a nurse---licensed practical nurse, diploma nurse, associate degree nurse or baccalaureate nurse. All categories provide care to individuals. Tomlinson (1971) asserts that:

> Present difficulties can be eliminated, or significantly reduced, but only by the concerted and cooperative efforts of all appropriate licensure agencies, educational institutions and health facilities. To improve the health care delivery system, opportunities and means must be provided whereby an individual committed to the health field can --- commensurate with his motivation, interest and abilities --- enter, achieve initial preparation, maintain competency and progress within the field. Optimum utilization of human resources and quality health services dictate such an approach.

Differentiating between types of nursing is not new in nursing. Montag (1951) made a distinction between professional and practical

nursing. In 1965, the American Nurses' Association position paper on education explicitly recommended the categories of technical education and technical practice in association with associate degree programs and professional education and practice in association with baccalaureate programs. Guidelines prepared by the Pennsylvania Nurses' Association Committee for Planning for Educational Transition (1967) state:

> Recognizing the increasing complexity of the role of the practical nurse, that programs in practical nursing be strengthened and extended beyond present minimum standards so that transition into associate degree granting institutions can be affected more easily at the appropriate time.

Theoretical differences between the two types of program (i.e., licensed practical nurse and associate degree nurse) have been described by Johnson (1966, 1967), Matheney (1967) and Hassenplug (1965). The characteristics of technical education were described by Harris (1963) and of professional nursing education and practice by Tschudin (1964), Johnson (1968) and Nahm (1965). However, a systematic study of differential curriculum content between the licensed practical nurse and the associate degree nurse programs or differentiated roles in practice settings based on educational background has not been undertaken. An attempt has been documented by Johnson (1970) relative to associate degree nurse - baccalaureate nurse education. She described the effort by faculty at the University of Hawaii to demonstrate the differences both in educational content and the practice of the graduates of the programs.

The associate degree nurse practitioner is described by Montag (1964) as being able to exercise judgment within clearly defined limits. Johnson (1968) believes that:

> Problems identified and solved by the technical practitioner at this point in nursing's development are more likely to be medical than nursing and more likely to pertain to physical or physiological functioning than to psychological or social functioning.

The associate degree nurse is expected to know and understand the use of a wide range of physical and psychological measures requiring both intellectual and manual dexterity competencies. The associate degree nurse selects a common course of action most often indicated in particular problem situations which have a predictive outcome.

The Committee on Education of the Pennsylvania Nurses' Association, aware of the need for nurse educators in Pennsylvania to establish educational patterns facilitating career mobility within the occupational field of nursing, conducted an institute on open-ended career mobility. The purposes of the institute were threefold and dealt with social needs, human needs and alternative solutions to the dilemma of career mobility problems for nurse educators. Novello (1970) disclosed:

> This action was taken based upon these underlying assumptions:
>
> 1. Inherent in the democratic concept is the right of individuals to elect from a number of existing alternatives, the avenue by which the individual wishes to achieve a final career goal.
>
> 2. Ideally, individuals should enter programs which prepare nurse practitioners at the highest level possible in view of their intellectual competency, etc. However, no system of education should be structured on practices which tend to be punitive to those who elect an alternative path toward full professional development.
>
> 3. In a pleuristic society, it can be assumed that there always will exist a group of citizens who for a variety of personal reasons will prefer to achieve a final career goal by entering at the lowest or intermediate levels of the occupational field.
>
> 4. The increasingly complex development in the social, economic, and political spheres of our society demand creative responses to emerging challenges and unresolved issues.

Public demand for change in present patterns of nursing education as well as a change in the attitude of nurse educators must occur if open ended career development is effected. It is a problem that can be resolved. However, resolution, according to Novello (1970) is dependent

upon:

1. Acceptance of 'adult education' concepts and principles by nurse educators.

2. A lessening of the conservativeness of and preciousness attributed to traditional academic patterns of nursing education by nurse educators.

3. Recognition by nurse educators that changes in the health field are urgent and inevitable if the right of every citizen to quality health care is to be fulfilled.

4. Presentation of a variety of innovative curriculum patterns by which career mobility may be achieved.

5. Development of guidelines for implementing appropriate change in programs or preparation at each level.

The attitude and role of the Pennsylvania Nurse Licensure Board reflects its purpose, function and responsibility. These are stated in the Rules and Regulations of the Pennsylvania State Board of Nurse Examiners (1970) as:

> The State Board of Nurse Examiners aim is to insure safe nursing services for the citizens of the Commonwealth of Pennsylvania.
>
> Embodied in this purpose is the responsibility to establish safe standards for the preparation of professional, technical and practical nurses in approved educational programs, and to assure safe standards of nursing practice through examination and licensure of graduate professional, technical and practical nurses from other jurisdictions.
>
> The Board subscribes to flexible and progressive methods of nursing education as indicated by the needs of the community and the advances in medical science and education.
>
> Although the Board is charged specifically with establishing minimum acceptable curricular standards, it encourages and expects that approved nursing educational programs in the Commonwealth will continuously enrich their programs to keep pace with the changing needs of society.

Sandy (1970) Vice Chairman of the State Board of Nurse Examiners stated that:

The Pennsylvania Board of Nurse Examiners does have a positive

attitude and has to my satisfaction demonstrated an active role by its promotion of the efforts of those nursing educators in the state who are initiating plans for open-end career developments in nursing.

Based upon the assumption that the attitudes and role of a Licensing Board will be influenced in some measure by the present legal statutes, and by interpretation of the Board's existing purposes, functions and duties -- I can comfortably state that the present Nurse Licensure Board would expect nursing programs in the State of Pennsylvania to thoughtfully review their respective curriculum standards and assume their rightful authority and responsibility to implement the concept of career mobility planning.

I do not interpret the present powers, duties or functions of the Pennsylvania Nurse Licensure Board to pose any obstacle or negative attitudes and thereby, obstruct the inherent freedom of each educational institution to assume responsibility for the integrity of their program goals.

Another problem in awarding advanced placement is the clinical practice of nursing. One approach is assessment of the student in a clinical practice situation.

Shaefer (1970) described the University of Pittsburgh program as follows:

In the University of Pittsburgh program, a graduate nurse is required to complete a one semester practicum (proficiency examination). A student can be awarded advanced standing in three of the four major clinical areas (medical-surgical, obstetrics, pediatrics, and psychiatric mental health). Prior to taking the proficiency examination, the student is supplied an outline and a bibliography for the course challanged.

The National Commission for the Study of Nursing and Nursing Education concluded:

For too long, nursing students in the United States have faced the hazards and the frustrations of a divided and poorly articulated system for education and advancement .... We need to develop a new system for nursing education, carefully planned and coordinated to:

1. Ensure that all nursing education is positioned in the mainstream of American Education, providing assistance and reasonable time for the hospital schools to find their best individual arrangements for transition;

2. Encourage, in the meanwhile an extension of equivalency testing and challange examinations, coupled with advanced placement and credit, that will ease current inequities;

3. Provide, in the transitional phase, for extension courses and campuses, as well as modified residence requirements, to facilitate individual mobility;

4. Establish a true educational career ladder through the articulation of intra- and inter- institutional programs, to permit qualified students to advance as their capabilities permit, and with immediate recognition of attainment, LPN, ADN, BSN, etc.;

5. Initiate articulated programs between junior and senior collegiate institutions that will encourage:

   a. True differentiation in learning content appropriate to these levels;

   b. Advanced level courses and open curricula in nursing science, embodying new knowledge and technology, to build upon preparatory learnings;

   c. Specialized concentrations and practicums that will provide qualified nurses across the full range of patient care needs ..

Russell (1970) states:

> We ought to be able to have the various levels of preparatory institutions so designed and articulated that a student leaving one level could, immediately or at a later point, transfer easily and with full credit for work completed, into an upper level program ... A fully planned and integrated educational system that will allow each student to progress as far as his capabilities permit him with no artificial barriers or restraints. Moreover, the system will allow the student to exit and re-enter as may be necessary for economic, family or other reasons.

Integrated collegiate systems for nursing education have been developed that encourage upward mobility. A common core of learning is used with the introduction at appropriate levels of advanced principles, knowledge and skills. Thus, students can enroll at nurse assistant level, continue or leave to work and then return to school without loss of credit. The students can progress through the vocational nurse level in the same manner, thence to the registered nurse level.

An example of an experimental program is one at the State College of Arkansas. A core approach is used with a spiraling of education concepts and experiences which allows students to refine and deepen nursing understandings as they progress. Following completion of the first year, the students prepared to function as a practical nurse can elect to take the licensing examination or to move into the second year. At the completion of the second year, the student is prepared to function as a graduate nurse and is eligible to take the examination for registered nurses. She receives an associate degree in nursing, and the student is able to transfer into the third year of the baccalaureate program at the college.

An articulation program in Arizona is described by Manion (1969) who states:

> The articulation program at Maricopa Technical College in Phoenix is designed to aid practicing licensed practical nurses to receive an associate degree and pass the registered nurse examination. The program consists of approximately one year of lectures and clinical teaching. Selected applicants are granted advanced standing and receive credits for their prior courses and on-the-job experience.

An example of a licensed practical nurse - registered nurse articulation program described by Ohl (1975) is the Helene Fuld program in New York City. The program has been in operation since 1964. Eighy-two percent of those admitted, graduated from the program. Eighty-one percent or more of those who graduated, successfully completed the State Board Test Pool Examination the first time they were attempted.

McClusky (1975) described a one year licensed practical nurse - graduate diploma nurse program at Sellersville, Pennsylvania. Twenty of the twenty-two graduates from the first class in 1973 passed the State Board Test Pool Examination with a mean score above five hundred.

At Delaware County Community College, a licensed practical nurse associate degree nurse articulation plan was developed in agreement with Presbyterian Hospital School of Practical Nursing, Philadelphia, Pennsylvania. The program was implemented in 1972. Of the first group of eleven transfers into the Delaware County Community College program, eight completed the State Board Test Pool Examination with a mean score above five hundred. Two of the students withdrew from the program and one failed scholastically. Six of the seven students in the second group successfully completed the State Board Test Pool Examination with a mean score above five hundred. Essentially, this articulation program was discontinued since Delaware County Community College is committed to providing career programs to residents of Delaware County, while most of the articulating students, transferring from Presbyterian Hospital School of Nursing were residents of Philadelphia County.

Nursing Education research studies include detailed reviews of the backgrounds of nursing students in those programs. The Wren (1971) study indicates that:

> Eighty-eight of six hundred and three respondents in a study of baccalaureate, diploma and associate degree graduates were licensed practical nurses or had some education in licensed practical nurse programs .... This indicates that licensed practical nurses represent an important source for recruiting ... professional nursing education is put within their reach.

It is doubtful if the importance of previous work experiences as a licensed practical nurse has been fully realized in the recruitment of nursing students. However, more and more, nurse educators are assuming responsibility for the education of these nurses. Gelber (1974) summarized the University Without Walls created at Skidmore College in 1970 as follows:

In keeping with the philosophy of John Dewey, the idea of individually designed curricula and individually designed methodologies of learning became part of the University Without Walls. The degree is based on performance rather than on earned credit. If a candidate can demonstrate a breadth of knowledge, an examination of her own education, and excellence in a single area, or competence in an area prescribed by a professor, she is awarded the University Without Walls Degree.

In the Commonwealth of Pennsylvania, the Nurse Practice Act (1974) defines professional nursing as:

> The practice of 'professional nursing' means diagnosing and treating human responses to actual or potential health problems through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The forgoing shall not be deemed to include acts of medical diagnosis or prescription of medical therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medical Education and Licensure and the Board, which rules and regulations shall be implemented by the Board.

Practical Nurse Law 516 defines practical nursing as:

> The practice of practical nursing is the performance of selected nursing acts in the care of the ill, injured or infirm under the direction of a licensed professional nurse, a licensed physician or a licensed dentist which do not require the specialized skill, judgment and knowledge required in professional nursing.

There is a difference in nursing practice between the licensed practical nurse and the associate degree nurse. The job responsibilities of each have been published by the Pennsylvania Nurse Association (Appendix A). Basically, the licensed practical nurse serves as an assistant to the graduate professional nurse and provides nursing care in limited situations. In contrast, the registered nurse uses the nursing process to administer nursing care (i.e., selected from a wide spectrum of knowledge and abilities that which is needed to meet the individual needs of the client; implements the plan and evaluates care given). Judgment is inherent in the role of the registered nurse. Decisions, regarding the

extent and nature of the assistance for the client is based on the nursing situation and can range from the simple to the complex.

An open curriculum should be developed, based on the function and responsibilities of the licensed practical nurse as clarified by the Pennsylvania Nurse Association (Appendix A). This would permit student admission at a level appropriate to his background and to his demonstrated competency. It would be expedient to provide flexibility. Hawkins (1971) cautioned:

> Flexibility should be built into the curriculum enabling self pacing by the student with exit and entry provisions included ....A student should be able to demonstrate his competencies when, in his judgment, he is ready to do so. Thus, the student who wishes can accelerate his program. Further, he should be permitted to decelerate and proceed at his own pace.

Millard (1968) succinctly summarized the philosophy of flexibility in education, stating:

> ....the critical measure of flexibility of education lies in levels of qualitative achievement, no matter how rapidly or slowly, directly or indirectly, conventionally or unorthodoxly a person may reach them.

The use of criterion referenced measurement to test an individual's knowledge and skill, however acquired, could help relieve the manpower shortage in nursing. Shortages can be allayed by judicially improving the utilization of people already employed and by attracting to nursing those men and women who, though well qualified, are excluded by rigid academic requirements (i.e., licensed practical nurses and medics returning to civilian life from service in the armed forces). "Dead end" career education and employment which does not offer any recompense for experience, intelligence or energy spent is both frustrating to the individual and wasteful in terms of human potential. In the United States,

Department of Health, Education and Welfare Report (1969) stated:

> Better utilization and retention of manpower already employed will depend largely upon the success of efforts to enhance career mobility, both vertically and horizontally. This can be accomplished only by removing as many artificial or unnecessary obstacles to advancement as possible, consistent with the maintenance of adequate professional standards of service. In turn, the success of these efforts may be enhanced by the availability, efficiency and acceptance of equivalency and proficiency testing programs for health personnel. ... methods must be developed to determine whether knowledge and skills acquired in other than formal academic settings are equivalent to the measures of satisfactory performance established in recognized educational institutions.

The use of performance assessment can facilitate the objective and appropriate placement of the licensed practical nurse applicant into the associate degree nursing program at Delaware County Community College. Government bodies have repeatedly urged the development of such testing. The basis of this type assessment was identified in the Report to the President and Congress (1969) as:

> The need for equivalency examinations for the Allied Health professions and occupations is based on the premise that: (1) students should be required to not repeat work that they have mastered; (2) objectives of course work can be achieved in other than classroom situations; (3) acquisition of knowledge and skills can be measured by examination and performance; and (4) educational institutions can use the results of these examinations as a basis for the advanced placement or academic credit awards.

Jarrett (1971) summarized the National League for Nursing's statement (Appendix B) on open curriculum in nursing as:

1. There are some areas of achievement that are common to all programs.
2. The open curriculum system permits student mobility in the light of ability.
3. It requires clear delineation of the achievement expectation of nursing programs from practical nurse through graduate education.
4. It is an interrelated system of achievement in nursing education with open doors rather than quantitative serial steps.

Nurse educators, responsible for associate degree nursing programs, need to maximize educational opportunities for entering students while maintaining the integrity of the nursing program. They must demonstrate the difference in nursing practice between the licensed practical nurse and the graduate associate degree nurse. Further, nurse educators must describe the actual differences for the purpose of developing articulation curricula for the transfer of the practical nurse applicant into the associate degree nursing program. They must become prepared to grant credit for acquired knowledge and demonstrated competency in nursing. Essentially, they should provide a continuum of nursing education that will enable the student to develop his full potential without unnecessary duplication or delay in attaining his educational and career goals. An articulation program to accomplish this would involve the development of an assessment program that would measure knowledge by student performance no matter how or where the individual learned.

The need for individualizing instruction has been apparent for many years. The process of achieving it is less obvious. The basis of individualized instruction in nursing education programs is the nurse educator's desire to meet the varied needs of the student. One system that individualizes and humanizes education is an individualized instruction program. Such a program provides for variation in what each student should learn (building on competency and knowledge already attained) and how he should go about learning it. Individual guided instruction combines assessment of what the student has learned, behavioral learning objectives (what the student needs to learn), learning activities (a range of instructional media to enable the student to meet his learning objective), and post learning assessment (has the student achieved his

objectives.

Coffey (1975) developed modules for independent individualized learning in nursing. In using this instructional approach, the student becomes an active participant in the learning process, progresses at his own pace and continually evaluates his own progress. The role of the instructor becomes that of a facilitator and a guide to the learner. The format of the modules developed included: guiding principles, general objectives, vocabulary, specific objectives, suggestions for learning activities and experiences, enrichment/in depth study and reading references. The systems approach advocated by Herrscher (1971) involves six basic steps: (1) a rationale (why it is important to be learned); (2) specific instructional objectives (conditions under which the student will pursue his learning, what the student is expected to learn and how learning will be evaluated); (3) pre-assessment (for proper placement in the curriculum); (4) learning activities (learning activity options available to meet the objectives); and (6) revision (bases on feedback from the learner.)

It is desirable to use criterion referenced testing to ascertain the level of learning of the nursing student. According to Gronlund (1973) this technique involves an interpretation of test results in terms of the types of learning tasks the student has achieved in some clearly defined area. The tests are designed to measure predetermined specific learning outcomes. The expected level of performance to be achieved by each student for each test is described. A specific criterion behavior provides an absolute standard against which an individual's achievement can be compared. Popham (1971) stated that a criterion referenced test is used to identify an individual's status with respect to an established standard

of performance. Further, he postulated that in situations where one is interested only in whether an individual possesses a particular competence, criterion referenced measures are suitable.

Principles of criterion referenced testing in constructing test items are described by Gronlund (1973) as:

1. Criterion referenced testing requires a clearly defined and delimited domain of learning tasks.
2. Criterion referenced testing requires that instructional objectives be clearly defined in behavioral (performance terms).
3. Criterion referenced testing requires that standards of performance be clearly specified.
4. Criterion referenced testing requires that student performance be adequately sampled within each area of performance.
5. Criterion referenced testing requires that test items be selected on the basis of how well they reflect the behavior specified in the instructional objectives.
6. Criterion referenced testing requires a scoring and reporting system that adequately describes student performance on clearly defined learning tasks.

The need for developing a self-paced, individualized program for placement of the licensed practical nurse applicant at the appropriate level in the associate degree nurse program has been discussed with Mr. Edgar Quimby, Vice-President for Instruction, Delaware County Community College who fully supports this study. It is dsirable for both the individual and society that licensed practical nurses be prepared in the shortest time possible to acquire the necessary knowledge and skills to graduate from the associate degree nurse program and become a graduate nurse.

PROCEDURES:

COLLECTION OF DATA

To conduct the study, the following actions were taken regarding each of the purposes.

Purpose 1: Assess the need for career mobility within the program of nursing at Delaware County Community College.

The need for career mobility within the program at Delaware County Community College was assessed. The Delaware County Community College nursing program was established in 1968. Data was collected from records maintained on admitted nursing students. The licensed practical nurses, admitted to the nursing program, were tallied for each class completing the program from 1970 to the present. Sixty-seven licensed practical nurses have graduated from the program. Twenty are currently in the program and twelve licensed practical nurses have been accepted into the nursing class to start in September, 1976. This large number of licensed practical nurses, of a total of two hundred ninety students completing the program, clearly indicates the desirability of a licensed practical nurse-associate degree nurse articulation program to maximize the potential of this group of health workers. Furthermore, it indicates the need to establish a system whereby the licensed practical nurse can get the necessary education to move forward as rapidly as possible.

Other sources of data for the study were: Pennsylvania Nurse Association materials on levels of practice; the licensing laws of the Commonwealth of Pennsylvania for both practical and graduate nurses; job descriptions for both categories of nurse and a questionnaire

specifically designed for this study The purpose of the questionnaire was to elicit the opinion of participants relative to a licensed practical nurse-associate degree nurse articulation program. As a general guide to planning the questionnaire, the characteristics of career mobility as identified by experts were summarized from the literature. Since there were no referent studies with which to compare the survey instrument, the questions were designed for this study.

According to Berdie and Anderson (1974), each questionnaire is unique and should be tailored to fit the individual circumstances of a study. They aptly state that the use of a questionnaire in research is based on one basic underlying assumption; the respondent will be both willing and able to give truthful answers.

It is recognized that the questionnaire as an instrument of inquiry has limitations. Incorrect responses may result from vaguely worded questions and undefined terms. Additionally, the participants' responses may be inaccurately interpreted by those tabulating the questionnaire. Stoke and Lehman (1930) state:

> The questionnaire technique is peculiarly vulnerable when employed for the collection of personal information or when used with subjects who see (or who imagine they see) an opportunity to advance their personal interests by means of the returns made by them.

Interview bias, however, was limited since the responses were anonymous and the respondent did not have to "please" the interviewer. Despite the limitations of a questionnaire, the impersonal nature of the instrument is considered to be less threatening than a personal interview or a structured observation. In addition, the questionnaire is easily tabulated. Furthermore, the use of the questionnaire technique

provides a quick and efficient sampling of opinion regarding career mobility.

Items for this study were constructed which would elicit opinions from the respondents. The first form of the questionnaire, a structured (i.e., forced choice) type, was pretested on contemporaries and accordingly revised. (Appendix C)

The questionnaire was a single paged instrument, consisting of twelve statements. Career mobility characteristics, as identified by experts, were arranged in random order. The respondents checked in the appropriate column the word or words which most appropriately described their opinion. Participants responded, "strongly disagree," "mildly disagree," " disagree," "no opinion," "agree," "mildly agree," or "strongly agree," to statements relative to career mobility for licensed practical nurses.

The respondents were primarily selected from the residents of Delaware County, students in practical nursing programs, students in nursing programs, licensed practical nurses employed in Delaware County health care institutions, nurse supervisors in health care institutions, practical nurse instructors, nursing instructors and members of the community.

A letter (Appendix D) was prepared, summarizing the purposes of the study and requesting participation in the study. Prior to sending the letter, directors of practical nurse programs, directors of nursing programs and directors of health care institutions were contacted regarding participation of students or employees in the study. Those willing

to participate were mailed a letter and the number of questionnaires requested. Through the cooperative efforts of interested directors of nursing education and nursing service programs, the opinion of nursing students and nurses were solicited. A group of students at Delaware County Community College (representative community members) completed the questionnaire. Table I indicates the number and percentage of questionnaires completed by practical nurse students, licensed practical nurses, associate degree nurse students, supervisory nurses, practical nurse instructors, associate degree nurse instructors and members of the community. Twenty four (6.7%) practical nurse students, seventy three (20.6%) licensed practical nurses, sixty two (17.5%) associate degree nursing students, sixty (16.9%) nurse supervisors, tem (2.8%) practical nurse instructors, fifteen (4.3%) associate degree nurse instructors and one hundred and ten (31%) members of the community completed the questionnaire.

TABLE I

NUMBER AND PERCENTAGE OF QUESTIONNAIRES COMPLETED BY PRACTICAL NURSE STUDENTS, LICENSED PRACTICAL NURSES, ASSOCIATE DEGREE NURSE STUDENTS, SUPERVISORY NURSE, PRACTICAL NURSE INSTRUCTOR, ASSOCIATE DEGREE NURSE INSTRUCTOR AND MEMBER OF THE COMMUNITY

CATEGORY	QUESTIONNAIRES	
	NUMBER RETURNED	PERCENTAGE RETURNED
PRACTICAL NURSE STUDENT	24	6.7%
LICENSED PRACTICAL NURSE	73	20.6%
ASSOCIATE DEGREE NURSE STUDENT	62	17.5%
SUPERVISORY NURSE	60	16.9%
PRACTICAL NURSE INSTRUCTOR	10	2.8%
ASSOCIATE DEGREE INSTRUCTOR	15	4.3%
MEMBER OF COMMUNITY	110	31.0%

Purpose 2: Demonstrate the range of complexity in nursing situations which require diversified educational programs.

In the literature reviewed, it was ascertained that the functions and responsibilities subscribed to the licensed practical nurse and the associate degree nurse differed, although there were some similarities. A descriptive comparison of the practical nurse and the graduate nurse education programs revealed similarities in that each has a basic philosophy, purposes and objectives; each type program indicates belief in the individuality of the student and concern for the potentiality of the student, both personally and in nursing competency. Additionally, the programs of study include theory and clinical experience in the nursing care of patients. Furthermore, the program of studies of both types of program is the responsibility of the nursing faculty. An immediately discernable difference between the two types of program are the length of the program and the organizational structure. The practical nurse program is usually one year in length and placed within a vocational school or a hospital, while the associate degree program is usually two years in length and a part of a community or junior college. Other differences are the ultimate goal of the program, depth of education, scope of content and the role expectation of the graduate of the program.

Two roles have been identified for the licensed practical nurse. Specifically, these are to provide nursing care in limited situations and to assist the professional nurse in more complex situations. In the Report of Intraregional Conferences (1960), practical nurse educators described the two roles of the practical nurse graduate. Consistently, the graduate was limited to practice and/or to assist under the direction of the graduate professional nurse. To determine the less complex area

in which the practical nurse could nurse with self-direction, the criteria identified by the practical nurse educators were:

> When the patient's condition is relatively stable and no major change is expected for some time, when the measures of care are those which do not require depth of scientific understanding and are rather constant in nature; and when the care required is largely of an assisting character and not of the sort which requires a great deal of instruction of the patient....In the second role, (assistant to the professional nurse) where the nursing situation is more complex, her responsibilities will be more limited and the responsibilities less.

The responsibilities of the associate degree nurse were ably summarized by Ruth Matheney (1974):

1. He/she applies knowledge of the bio-physical and social sciences extensively in rendering direct technical assistance to professional nurses engaged in research and development of new patterns of providing nursing services.

2. He/she designs, develops and suggests modifications of nursing care plans for patients with common recurring nursing problems in a variety of situations.

3. He/she plans and evaluates nursing care plan for patients, including use of independent nursing measures (e.g., observation, comfort and safety measures) and the carrying out of medically delegated techniques (e.g., irrigations, administration of medication, decompression procedures).

4. He/she advises regarding the effectiveness of operation or need for repair of both simple and complex equipment utilized in the provision of nursing care (e.g., monitoring machines, underwater chest drainage apparatus, intermittent positive pressure equipment).

5. He/she helps in the planning of provision of nursing care for groups of patients or individual patients in order to make the most effective use of time, equipment and personnel in meeting patient needs.

6. He/she advises or helps to plan for needed new equipment and the utilization of new equipment or methods in the provision of nursing care.

7. He/she is responsible for personal competence in performance and assists in the evaluation of competence of practical nurses and aides and assists in the preparation of adequate technical reports of patient care and practical nurse and aide performance.

8. He/she prepares or interprets plans for comprehensive nursing

care.

9. He/she selects, compiles and sorts technical information.

10. He/she analyzes and interprets information obtained from the medical professional nurse, other members of the health team, the family, diagnostic measures, vital signs, emotional and social reactions, etc.

11. He/she diagnoses common, broad, recurring nursing problems presented by patients.

Seven Delaware County health institutions, in response to a telephone request, submitted copies of job descriptions for licensed practical nurses used in that health facility. Copies of the licensing law for both practical and graduate nurses (Appendix E and F) were obtained from the State Board of Nurse Examiners in Harrisburg. A copy of the Open Curriculum in Nursing Education (Appendix B) was obtained from The National League for Nursing. The Pennsylvania Nurse Association's Position on Levels of Practice for Nursing (Appendix A) was obtained from the Pennsylvania Nurses' Association.

The Test Plan for State Board Test Pool Examination (1976) for practical nurse licensure and registered nurse licensure was obtained from The State Board of Nurse Examiners. (Appendix G and H) The functions and responsibilities of the licensed practical nurse and the graduate nurse as defined by the employing health institutions were synthesized. (Appendix I and J)

Purpose 3: Propose a model to assess the skills and knowledge of nurse applicants.

Synthesis of the job descriptions, the licensing laws for nurses of the Commonwealth of Pennsylvania and the scope of practice of the different levels of nurse as proposed by the Pennsylvania Nurse Associa-

tion Education Committee (1975) provided a composite of the functions and responsibilities of the associate degree nurse. Basically, the graduate of associate degree nurse programs can: (1) participate with other health team members in administering health care to individuals: (2) use principals of the bio-physical and psycho-social sciences in rendering care; (3) assess the individual's nursing needs including dependent and independent functions; (4) plan day to day care of individuals in a variety of situations; (5) select appropriate nursing measures knowledgeably and precisely; (6) implement measures for patients' comfort and safety; (7) perform nursing and other therapeutic measures skillfully and safely; (8) evaluate the individual's reaction to therapeutic intervention and (9) supervise other health workers in the technical aspects of care. Based on the composite, a list of expected terminal behaviors of the associate degree graduate nurse was formulated. (Appendix K)

The responsibilities in establishing a nurse-patient relationship are based on the Nurse Practice Act of the Commonwealth of Pennsylvania. To facilitate understanding of the legal basis of nursing action, the first unit of the Nursing I course at Delaware County is concerned with legal aspects. A learning module was designed identifying: (1) underlying principles and concepts basic to the content; (2) objectives defining what the student should know, the behavior the student should demonstrate upon achievement of the objectives and the conditions under which learning occurs; (3) a word list and (4) a bibliography. A criterion referenced pre-test was developed to assess the level of knowledge of the student regarding legal aspects. The learner was judged to meet the objectives (criterion) if he achieved at the 80% level (e.g., mastery of minimum essentials). A variety of learning experiences and activities are

listed to achieve the objectives of the learning guide module. Thus, the objectives to be attained, what is expected of him, how it can be obtained and what he will be tested on are made clear to the learner.

RESULTS

Tabulations were begun following receipt of completed questionnaires. Responses of each category of participant to closed-end questions were recorded on a blank questionnaire and summarized. (Appendix L) Responses under "Additional Comments" were grouped and recorded by category and number of responses and by category of respondent. (Appendix M) Positive and negative comments not related to articulation were deemed irrelevant to this study and hence were not summarized.

The statements in the questionnaire relate to: (1) core curriculum; (2) development of educational programs that would permit advancement of an individual from one educational level to another; (3) assessment of the knowledge and clinical competency of the licensed practical nurse and (4) factual information, basic to an understanding of the need for career mobility within the profession of nursing.

Statements five and eleven relate to core curriculum; statements one and six relate to the development of an educational program that would permit advancement of an individual from one educational level to another; statements seven and ten relate to the assessment of the knowledge and clinical competency of the licensed practical nurse and statements two, three, four, eight, nine and twelve are factual information, basic to an understanding of the need for career mobility within the profession of nursing.

Statements which relate to core curriculum are tabulated in Table II. The number of practical nurse students, licensed practical nurses, associate degree nurse students, supervisory nurses, practical nurse educators, associate degree nurse educators and members of the community responding

to each statement listed are recorded.

Of the respondents, three hundred and twenty seven of three hundred and fifty four were consistently in agreement, mild agreement or strong agreement that the development of a core curriculum leading to various health careers would improve the potentiality of mobility of health workers. Two hundred and sixty of three hundred and fifty-four of the respondents agreed, mildly agreed or strongly agreed that there is a core of knowledge basic to all health practitioners.

TABLE II

COMPARISON OF NUMBER OF RESPONSES OF PRACTICAL NURSE STUDENTS, LICENSED PRACTICAL NURSES, ASSOCIATE DEGREE NURSE STUDENTS, SUPERVISORY NURSE PRACTICAL NURSE INSTRUCTOR, ASSOCIATE DEGREE NURSE INSTRUCTOR AND MEMBERS OF THE COMMUNITY TO STATEMENTS RELATIVE TO A CORE CURRICULUM

STATEMENT	CATEGORY OF RESPONDENT	1	2	3	4	5	6	7	Total
Development of a core curriculum leading into various health careers would improve the potentiality for mobility of health workers.	PNS	0	1	3	0	18	0	7	24
	LPN	0	1	0	2	24	3	43	73
	ADS	1	1	0	3	21	13	23	62
	SN	0	0	3	4	26	5	22	60
	PNI	0	0	0	1	5	1	3	10
	ADI	0	0	0	2	4	0	9	15
	MC	0	1	0	4	36	6	63	110
	TOTAL	1	4	6	16	129	28	170	354
There is a core of knowledge basic to all health practitioners	PNS	0	0	4	2	7	3	8	24
	LPN	2	1	8	3	13	8	38	73
	ADS	3	3	4	13	14	3	22	62
	SN	4	1	7	3	14	5	26	60
	PNI	0	1	2	0	4	1	2	10
	ADI	1	1	2	0	4	0	7	15
	MC	0	1	6	22	46	16	19	110
	TOTAL	10	8	33	43	102	36	122	354

Statements which relate to the development of an educational program that would permit the advancement of an individual from one educational level to another are tabulated in Table III. The number of practical nurse students, licensed practical nurses, associate degree nurse students, supervisory nurses, practical nurse instructors, associate degree nurse instructors and members of the community responding to each statement are listed.

Of the respondents, two hundred and eighty of three hundred and fifty-four indicated that the Delaware County Community College nursing program should serve as a ladder to permit advancement from one educational level to another. Three hundred twenty two of three hundred and fifty-four respondents indicated agreement, mild agreement or strong agreement with the statement that a system should be established whereby the licensed practical nurse can get the additional education to move forward as rapidly as possible (i.e., within one year or less).

Statements which relate to performance based assessment of knowledge are tabulated in Table IV. The number of practical nurse students, licensed practical nurses, associate degree nurse students, supervisory nurses, practical nurse instructor, associate degree nurse instructor and members of the community responding to each statement are listed.

Of the respondents, three hundred believed that licensed practical nurses should be able to complete a performance test to demonstrate their knowledge and competence and be appropriately placed in an associate degree nursing program. Two hundred of three hundred and fifty-four choose the response agree, mildly agree or strongly agree to the statement that a performance based practicum to evaluate the clinical competence of

licensed practical nurse applicants should be developed.

TABLE III

COMPARISON OF NUMBER OF RESPONSES OF PRACTICAL NURSE STUDENTS, LICENSED PRACTICAL NURSES, ASSOCIATE DEGREE NURSE STUDENT, SUPERVISORY NURSE PRACTICAL NURSE INSTRUCTOR, ASSOCIATE DEGREE NURSE INSTRUCTOR AND MEMBERS OF THE COMMUNITY TO STATEMENTS RELATIVE TO A SYSTEM OF CAREER ADVANCEMENT FOR LICENSED PRACTICAL NURSES

STATEMENT	CATEGORY OF RESPONDENTS	1	2	3	4	5	6	7	Total
The Delaware County Community College nursing program should serve as a ladder to permit advancement from one level to another.	PNS	0	0	2	3	9	0	10	24
	LPN	0	1	1	7	39	6	19	73
	ADS	0	2	2	11	24	4	19	62
	SN	1	0	2	12	17	6	22	60
	PNI	0	0	1	0	4	2	3	10
	ADI	0	0	2	2	3	2	6	15
	MC	0	4	3	18	46	12	27	110
	TOTAL	1	7	13	53	142	32	106	354
A system should be established whereby the LPN can get the additional education to move forward as rapidly as possible (i.e., within one year, or less).	PNS	0	0	0	0	16	1	7	24
	LPN	1	1	3	2	33	7	26	73
	ADS	0	1	2	4	29	6	20	62
	SN	1	1	1	3	27	9	18	60
	PNI	0	0	0	1	3	3	3	10
	ADI	0	0	0	2	5	2	6	15
	MC	0	0	2	7	54	11	36	110
	TOTAL	2	3	8	19	167	39	116	354

TABLE IV

COMPARISON OF NUMBER OF RESPONSES OF PRACTICAL NURSE STUDENTS, LICENSED PRACTICAL NURSES, ASSOCIATE DEGREE NURSE STUDENT, SUPERVISORY NURSE PRACTICAL NURSE INSTRUCTOR, ASSOCIATE DEGREE NURSE INSTRUCTOR AND MEMBER OF THE COMMUNITY TO STATEMENTS RELATIVE TO PERFORMANCE BASED ASSESSMENT OF KNOWLEDGE

STATEMENT	CATEGORY OF RESPONDENTS	1	2	3	4	5	6	7	TOTAL
LPN's should be able to complete a performance based test to demonstrate their knowledge and competency and be appropriately placed in an associate degree curriculum.	PNS	1	0	1	1	11	1	9	24
	LPN	0	0	1	2	24	7	39	73
	ADS	2	2	3	6	21	8	20	62
	SN	6	2	3	1	18	4	26	60
	PNI	0	0	0	1	5	1	3	10
	ADI	0	0	3	2	3	1	6	15
	MC	1	0	5	11	49	12	32	110
	TOTAL	10	4	16	24	131	34	135	354
A performance based practicum to evaluate the clinical competence of LPN applicants should be developed.	PNS	1	0	0	2	12	0	9	24
	LPN	1	2	4	4	31	7	24	73
	ADS	2	2	5	14	13	7	17	62
	SN	1	0	0	7	24	3	25	60
	PNI	0	0	0	1	5	1	3	10
	ADI	0	0	1	3	2	3	6	15
	MC	0	0	3	21	51	8	27	110
	TOTAL	7	4	13	42	138	29	111	354

Informative statements basic to an understanding of the need for career mobility within the profession of nursing are tabulated in Table V. The number of practical nurse students, licensed practical nurses, nursing students, supervisory nurses, practical nurse instructors, associate degree nurse instructors and members of the community responding to each statement are listed.

Three hundred and one of three hundred and fifty-four respondents believed that opportunity for career advancement is essential to retain workers in the field of nursing. Two hundred and sixty-two of three hundred and fifty-four respondents indicated that public policy implicit in Federal Regulations and manpower demands that individuals be afforded the

opportunity for advancement from the lowest to the highest level within the career of nursing. Only one hundred and thirty-nine of three hundred and fifty-four respondents believed that Associate Degree Nursing Programs have failed to provide mechanisms whereby the knowledge and skill of the licensed practical nurse could be assessed. Moreover, only one hundred and twenty of three hundred and fifty-four respondents believed that the combined graduates of all nursing programs is inadequate to meet the current demands for nursing service as well as in the next decade. Some participants explained their position further under "Additional Comments." One hundred and eighty-eight of three hundred and fifty-four respondents are of the opinion that some nursing education programs are developing articulation programs that take into account differences in preparation and learning capacities among students. Only one hundred and thirty-nine of three hundred and fifty-four of the respondents concur that the job responsibilities identified by the employing agency for the graduate nurse are clearly different from those for the licensed practical nurse.

TABLE V

COMPARISON OF NUMBER OF RESPONSES OF PRACTICAL NURSE STUDENTS, LICENSED PRACTICAL NURSES, ASSOCIATE DEGREE NURSE STUDENT, SUPERVISORY NURSE PRACTICAL NURSE INSTRUCTOR, ASSOCIATE DEGREE NURSE INSTRUCTOR, AND MEMBERS OF THE COMMUNITY TO STATEMENTS RELATIVE TO THE NEED FOR CAREER MOBILITY WITHIN THE PROFESSION OF NURSING

STATEMENT	CATEGORY OF RESPONDENTS	1	2	3	4	5	6	7	TOTAL:
Opportunity for career advancement is essential to retain workers in the field of nursing.	PNS	0	0	1	1	7	2	13	24
	LPN	1	2	2	0	25	5	38	73
	ADS	2	1	1	1	26	6	25	62
	SN	0	0	3	3	20	2	32	60
	PNI	0	1	2	0	3	0	4	10
	ADI	0	0	0	0	7	0	8	15
	MC	0	11	5	12	31	13	38	110
	TOTAL	3	15	14	17	119	28	154	354
Public policy implicit in Federal regulations & manpower demands that individuals be afforded the opportunity for advancement from the lowest to the highest within the career of nursing.	PNS	0	1	0	3	11	1	8	24
	LPN	0	1	5	7	26	8	26	73
	ADS	0	1	1	17	22	5	16	62
	SN	0	1	6	12	20	5	16	60
	PNI	0	0	2	2	3	0	3	10
	ADI	0	0	0	6	3	0	6	15
	MC	0	0	2	25	29	18	36	110
	TOTAL	0	4	16	72	114	37	111	354
Associate Degree Nursing programs have failed to provide mechanisms whereby the knowledge and skills of the licensed practical nurse could be assessed.	PNS	1	0	6	8	4	1	4	24
	LPN	3	3	16	22	16	4	9	73
	ADS	10	3	12	18	5	6	8	62
	SN	5	0	5	16	13	8	13	60
	PNI	0	0	3	2	2	2	1	10
	ADI	1	0	4	3	3	0	4	15
	MC	5	4	22	43	23	10	3	110
	TOTAL	25	10	68	112	66	31	42	354

TABLE V Cont'd.

STATEMENT	CATEGORY OF RESPONDENTS	1	2	3	4	5	6	7	TOTAL
The combined graduates of all nursing education programs is inadequate to meet the current demands for nursing service and in the next decade.	PNS	4	2	9	6	3	0	0	24
	LPN	6	6	15	17	18	4	7	73
	ADS	6	16	20	7	8	4	1	62
	SN	7	1	9	13	9	5	16	60
	PNI	0	1	4	3	0	0	2	10
	ADI	1	1	4	3	4	2	0	15
	MC	8	7	27	31	26	3	8	110
	TOTAL	32	34	88	80	68	18	34	354
Some nursing education programs are developing articulation programs that take into account differences in preparation and learning capacity among students.	PNS	0	0	5	7	10	1	1	24
	LPN	3	2	9	16	22	8	13	73
	ADS	3	0	1	21	26	7	4	62
	SN	0	1	4	26	18	3	8	60
	PNI	1	1	0	3	4	0	1	10
	ADI	0	0	0	3	6	2	4	15
	MC	0	2	14	44	26	13	11	110
	TOTAL	7	6	33	120	112	34	42	354
The job responsibilities identified by the employing agency for the graduate nurse are clearly different from those of the licensed practical nurse.	PNS	1	1	1	4	10	2	5	24
	LPN	14	6	10	13	20	4	6	73
	ADS	0	3	7	13	26	5	8	62
	SN	2	0	14	3	21	3	17	60
	PNI	0	1	2	1	3	1	2	10
	ADI	1	0	5	2	1	4	2	15
	MC	2	0	11	32	38	11	16	110
	TOTAL	20	11	50	68	119	30	56	354

The responsibilities of the licensed practical nurse and the associate degree , as described in the literature, are compared in Table VI. The licensed practical nurse has responsibility only in an assisting nature under the direct supervision of a physician, a dentist or a registered nurse. The registered nurse has a greater depth and breadth of responsibility for both dependent and independent nursing functions.

Laws of the Commonwealth of Pennsylvania regulate the scope of responsibilities of both the licensed practical nurse and the registered nurse.

TABLE VI

COMPARISON OF RESPONSIBILITIES OF THE LICENSED PRACTICAL NURSE AND THE ASSOCIATE DEGREE NURSE

RESPONSIBILITY OF LICENSED PRACTICAL NURSE	RESPONSIBILITY OF REGISTERED NURSE
1. No responsibility.	1. Identifies nursing problem
2. Provides nursing care in limited situations. a. Patient's condition is stable. b. Measures of care given are constant. c. Care required is of an assisting nature.	2. Plans and evaluates nursing care program including use of dependent and independent nursing functions.
3. No responsibility.	3. Provides continuous care for individual's total health needs in a variety of situations.
4. No responsibility.	4. Diagnoses common broad recurring problems presented by the patient.
5. No responsibility.	5. Selects appropriate nursing action for a given situation.
6. No responsibility.	6. Adjusts nursing plan to the patient's changing individual needs.
7. No responsibility.	7. Helps plan the provision of nursing care for groups of patients.
8. No responsibility.	8. Helps the patient toward ondependence.
9. No responsibility.	9. Support the nursing personnel and the family in helping the patient do for himself that which he can.
10. Be competent in performance of responsibilities as legislated by the Practical Nurse Act.	10. Be competent in the performance of nursing responsibilities as legislated by the Nurse Practice Act.

The job descriptions for licensed practical nurses and general duty nurses (registered nurses), submitted by Delaware County health care institutions, were synthesized. The definitions, qualifications and responsibilities of the two categories of nurse, as indicated in the job descriptions submitted by the employing institutions, are compared in Table VII.

The educational qualifications for the two types of practitioner differed as to type of program they were to have attended. Both were to be graduates of approved schools. The graduate nurse was expected to have attended a graduate nurse program, and the practical nurse was to have graduated from a practical nurse program. Both types of nurse were required to have current licensure from the Commonwealth of Pennsylvania (i.e., practical nurse licensure or registered nurse licensure.)

The responsibilities of the registered nurse differed in both range and scope from those of the licensed practical nurse. The registered nurse is responsible for selecting from a wide spectrum of knowledge and abilities those needed in meeting the individual needs of the patient. She is rewponsible for planning care to be rendered and evaluate the care given. The licensed practical nurse provides nursing care for selected patients in limited situations when the patient's condition is relatively stable and no change is expected for some time. She is supervised and her activities are directed by the professional (registered nurse.) The licensed practical nurse observes patients, records information on the patient's chart, and reports pertinent facts to the appropriate person. In contrast, the registered nurse is responsible for instituting remedial measures to counteract adverse developments. The difference lies in the responsibility of the registered nurse for making judgments based on

knowledge and clinical expertise. A licensed practical nurse who has completed a pharmacology course following graduation from a practical nurse program can administer medications. However, the registered nurse, in addition to administering medications, must be knowledgeable about the reaction to be expected from the medication in order to be able to recognize and report any untoward reaction. The difference in this responsibility is the depth of knowledge needed by the registered nurse.

The licensed practical nurse can perform certain treatments under the direction of the physician, a dentist or a professional nurse (dependent function.) The licensed registered nurse performs both dependent and independent functions (i.e., nursing assessment and action.) The licensed practical nurse records the nursing care she has rendered. However, the registered nurse is responsible for maintaining an accurate, complete record of the nursing care for each patient.

Additionally, the registered nurse is responsible for health teaching of patients and family members, for assisting with rehabilitative measures for the patient and teaches and directs other professional and/or non professional nursing personnel for whom she is assigned responsibility.

TABLE VII

COMPARISON OF DEFINITIONS, QUALIFICATIONS AND RESPONSIBILITIES OF THE LICENSED PRACTICAL NURSE AND REGISTERED NURSE AS DESIGNATED BY HEALTH CARE INSTITUTION EMPLOYERS

	RESPONSIBILITY OF	
	LICENSED PRACTICAL NURSE	REGISTERED NURSE
DEFINITION:	Perform a wide variety of patient care activities as directed by the charge nurse and/or team leader.	Renders nursing care to patients on a nursing unit or in a specialty area.
QUALIFICATIONS:		
EDUCATION:	Graduation from an approved school of practical nursing.	Graduation from an approved school of nursing.
LICENSURE:	Current registration as a licensed practical nurse with the Pennsylvania State Board of Nurse Examiners, or eligible for licensure within one year.	Current registration as a registered nurse with the Pennsylvania State Board of Nurse Examiners, or eligible for licensure within one year.
RESPONSIBILITIES:		
	Provides nursing care for selected patients.)i.e., physical care admission and transfer application of control devices catheterization, etc.)	Develop and implement nursing care plans based on scientific and nursing principles.
	Observe patient, recording and reporting pertinent facts to the appropriate persons.	Observe, record and report to the appropriate person symptoms and progress of assigned patients, assisting with or instituting remedial measures for any adverse changes in the patient.
	Administer medications following completion of a pharmacology course.	Administer medications as prescribed by the attending physician, noting any untoward reaction.
	Perform certain treatments and procedures as assigned, assist nursing and medical personnel in treatments.	Perform independent and dependent (as prescribed by medical authority) functions.

RESPONSIBILITY OF	
LICENSED PRACTICAL NURSE	REGISTERED NURSE
Carry out medical asepsis as instructed on selected patients.	
Assist patients in activities of daily living.	
	Assist in patient and family teaching.
	Communicates and acts as liaison between patient, family, physician, hospital personnel and community agencies.
	Assist in patient education and rehabilitation, including the promotion of mental and physical health.
Record accurately and completely nursing care given.	Maintain accurate and complete record of nursing observations and care.
	Teaches and directs other professional or non-professional personnel for whom she is assigned responsibility.

The State Board of Nurse Examiners distributes annually, to both practical and graduate nurse applicants, a list of major abilities expected of that category of nurse. The State Board Test Pool Examination consists of a range of percentage of items in each major ability area. Table VIII compares the major abilities tested for each type of nurse practitioner.

Applicants for either a practical nurse or the graduate nurse are tested in similar areas. However, the breadth and depth of knowledge expected of the graduate practical nurse and the graduate nurse differ

greatly. The licensed practical nurse is neither expected to know, nor will she be tested in the following areas: (1) leadership role; (2) details of differentiation of functions of professional workers in the health field; (3) details of structure or function of organizations other than aspects affecting practical nursing or licensed practical nurses; (4) fine distinctions among authoritative sources of information; (5) history of nursing other than general trends; (6) administrative lines other than those which a licensed practical nurse used directly; (7) evaluation of the measuring of diets other than average servings; (8) subtle variations in mental or emotional health or on theories of psychological development; (9) psycho-therapeutic concepts, formal non-directive techniques; (10) uncommon diseases or conditions, the theory of immunity or on details of preventive communicable disease control; (11) complex nursing measures; (12) scientific principles relative to nursing measures; (13) calculation of drug dosages and conversion between the metric and apothecary system and (14) the ability to establish priorities of care with patients having complex needs. In contrast, the registered nurse is responsible for and is tested on this content as well as applied chemistry and physics, anatomy and physiology, microbiology, sociology, psychology, and learning theory.

TABLE VIII

COMPARISON OF THE MAJOR ABILITIES TESTED OF THE PRACTICAL NURSE AND THE GRADUATE NURSE BY THE STATE BOARD TEST POOL EXAMINATION ADMINISTERED BY THE STATE BOARD OF NURSE EXAMINERS

MAJOR ABILITIES EXPECTED OF	
PRACTICAL NURSE	REGISTERED NURSE
Understand what the licensed practical nurse's responsibilities are as a member of the health team	Understands the registered nurse's accountability for practice.
A. Scope of functions of LPN's 1. Range and limitations (Will not be tested on leadership role). 2. Problems that should be referred to the physician or the registered nurse. (Will not be tested on details of differentiation of functions of professional workers.)	A. Range and limitations of functions of nurses, other groups in nursing and other members of health and related disciplines.
B. Ethical responsibilities.	B. Ethical responsibilities.
C. Legal responsibilities.	C. Legal aspects.
D. Basic principles of communication and cooperative action (Will not be tested on principles of group leadership)	D. Principles of cooperative action and communication.
E. Vocational growth 1. Roles and characteristics of nursing organizations. (Will not be tested on details of structure or functions other than aspects affecting practical nursing or LPN's.) 2. Authoritative sources of information. (Will not be tested relative to fine distinctions among sources). 3. Trends in nursing (Will not be tested on history other than general trends).	E. Factors important for professional growth 1. Roles and characteristics of nursing organizations. 2. Authoritative sources of information. 3. Trends in nursing and related health fields.

TABLE VIII Con't

MAJOR ABILITIES EXPECTED OF PRACTICAL NURSE	MAJOR ABILITIES EXPECTED OF REGISTERED NURSE
F. Administrative lines. (Will not be tested on administrative lines other than those which a LPN uses directly).	F. Administrative lines.
Understands basic facts and principles of the natural and biological sciences and related terminology.	Understands principles and known facts of the natural and biological sciences that are applicable to nursing practice and basic to plans for care. A. Chemistry and Physics B. Anatomy and Physiology C. Microbiology D. Nutrition
Knows the signs of physical health and normal physical growth and development throughout the life cycle. A. Gross signs of physical health and development B. Optimum and normal health as differentiated from abnormal states (Will not be tested relative to subtle variations. C. General physical needs D. General nutritional needs (Will not be tested on evaluation of diets in terms of measurements other that average servings). E. General environmental needs	Recognizes physical health and understands physical needs throughout the life cycle. A. Normal physical development B. Signs of deviation within normal physical health, as differentiated from abnormal. C. Physical needs D. Nutritional needs E. Environmental needs
Knows psycho-social facts and principles that are basic to individual adjustment and to safe nursing practice.	Understands principles and known facts of the social and behavioral sciences that are applicable to nursing practice and basic to plan for care. A. Psychology B. Sociology

TABLE VIII Con't

MAJOR ABILITIES EXPECTED OF	
PRACTICAL NURSE	REGISTERED NURSE
Knows the gross signs of emotional and mental health and development in all age groups, recognizes states of faulty adjustment, and understands general emotional needs and their possible effect on behavior. (Will not be tested on subtle variations in mental or emotional health or on theories of psychological development).	Recognizes mental and emotional health and understands emotional needs throughout the life cycle. A. Normal mental and emotional adjustment. B. Signs of deviations within emotional and mental health and of normal adjustment to stress and anxiety, as differentiated from abnormal. C. Mental and emotional needs. D. Behavior in terms of needs; values and effects of self-directed actions; steps toward or away from emotional health; defenses and interpersonal dynamics.
Understands basic principles of human relations and knows what measures are likely to be helpful to persons under stress. (Will not be tested on psychotherapeutic concepts, formal nondirective techniques, or on subtle judgments relative to patient's readiness to learn).	Understands effective human relations; knows what verbal and nonverbal measures are likely to be helpful to persons under stress, or with specific mental or emotional problems, and is able to use the measures or assist in their use. A. Approaches that foster emotional maturation or promote emotional well-being. B. Teaching, motivating, or orientating patients or others. C. Consideration of inherent human rights and of ideas, beliefs and customs. D. Useful verbal responses to meet specific emotional needs of patients or others. E. Measures such as nonverbal responses or referrals to meet mental or emotional needs. F. Priorities in needs of a patient with emotional problems, in terms of choices of care.

TABLE VIII Con't

MAJOR ABILITIES EXPECTED OF PRACTICAL NURSE	MAJOR ABILITIES EXPECTED OF REGISTERED NURSE
Knows the general causes, modes of transfer, and relative incidence of common diseases and abnormal conditions and understands methods for their prevention and control. (Will not be tested on uncommon diseases or conditions, or the theory of immunity, or on details of preventive programs.)	Know causes, modes of transfer, and incidence of diseases and abnormal conditions and understands methods for their prevention and control.
A. Important causes of and factors predisposing to diseases and abnormal conditions.	A. Causes of and factors predisposing to physical and mental diseases and abnormality
B. Transmission of diseases.	B. Transmission of diseases.
C. Conditions which constitute major health problems.	C. Incidence and relative importance of diseases and health problems.
D. Prevention and control of communicable disease.	D. Prevention and control of communicable disease.
E. Prevention and control of noncommunicable diseases and conditions.	E. Prevention and control of noncommunicable diseases and conditions.
F. Roles of major organizations and agencies concerned with prevention and control of disease and maintenance and improvement of physical and mental health. (Will not be tested on details of structure or functions of the organizations.)	F. Roles and characteristics of organizations and agencies concerned with prevention and control of major health problems and maintenance and improvement of physical and mental health.
Knows gross manifestations of common diseases and abnormal conditions. (Will not be tested on uncommon conditions or any but the most important manifestations.)	Knows manifestations of diseases and abnormal conditions, with major emphasis upon those which are common.
A. Symptoms and course.	A. Symptoms and course of physical and mental diseases and abnormal conditions.
B. Gross effects on the tissues.	B. Pathology and its relationship to symptoms and progress.
C. Prognosis.	C. Prognosis, including knowledge of reasonable goals for patients.
D. Complications.	D. Complications and sequelae.

TABLE VIII Con't

MAJOR ABILITIES EXPECTED OF PRACTICAL NURSE	MAJOR ABILITIES EXPECTED OF REGISTERED NURSE
Know purposes, effects and dangers of common measures used: preventive, diagnostic, therapeutic, supportive and rehabilitative. (Will not be tested on uncommon conditions or any but the most important manifestations.)	Understands theory of nursing and medical care. A. Purposes and effects of measures used: preventive, diagnostic, therapeutic (including diet, drug and other therapies.) B. Dangers and toxic or untoward effects of measures used. C. Additional facts and principles related to measures used.
Understands common nursing measures and knows how to carry out or assist with commonly used procedures (exclusive of psychiatry) A. Selection of specific nursing measures in accordance with patients. (Will not be tested on selection of complex nursing measure. B. Differentiate between safe and unsafe modifications of nursing measures. (Will not be tested on evaluation of procedures in terms of science principles.) C. Preparation for implementation of, or assistance with measures used in care of patients. (Will not be tested on calculated dosage problems and conversion between metric and apothecary systems. (Will not be tested on evaluation of equipment in terms of scientific principles. D. Reporting and recalling. E. Evaluation of priority of patient's needs based upon possible choices of nursing care. (Will not be tested on ability to establish priorities of regular care of patient's complex needs.)	Understands what nursing measures are safe and effective and knows how to carry out or assist with commonly used procedures A. Assessment of patient's needs as a basis for selection of specific measures of care. B. Evaluation of nursing procedures. C. Planning for, implementation of, assistance with: preventive, diagnostic, therapeutic, supportive and rehabilitative measures. D. Reporting and recording.

The responsibilities assigned the licensed practical nurse in both health institutions and by the State Board of Nurse Examiners explicitly identify the role expectations of that category of nurse. Equally explicit are the role expectations and responsibilities assigned the registered nurse. There is clearly a delineation of function between the licensed practical nurse and the registered nurse. A comparison of the responsibilities of the two types of practitioner reveal that although a common core of knowledge exists, the responsibilities of the registered nurse are greater in both depth and scope than those of the licensed practical nurse. Mastery, of advanced principles, knowledge and skills required of the registered nurse, can be assessed. One type of assessment is performance based measurement. Therefore, the expected terminal behaviors of an associate degree graduate nurse, based on the responsibilities stated in the job description (Appendix J) and the major abilities tested by the State Board Test Pool Examination (Appendix H), were identified (Appendix K) and compared (Appendix N.)

One specified terminal behavior is that the associate degree nurse will function with an understanding of his accountability for practice as a graduate registered nurse. The associate degree nurse, in order to be prepared for this responsibility, must understand the legal basis for the practice of nursing. At Delaware County Community College, the objectives of the nursing program have been identified (Appendix O.) The ninth objective states that the graduate will assume responsibility for his actions. The expected learning outcome for the nursing course, which is intended to partially fulfill the ninth objective, is that the student will discuss the legal principles pertinent to the provision of health

services. The content for the first unit of Nursing I is legal aspects. The objectives (Appendix P) for this unit are the basis for the pilot learning module (Appendix Q) developed.

The first page of the module consists of directions for use and the criterion (objectives) for the module. A three part pre-test was developed. Part I consists of twelve completion statements. Part II consists of a series of ten statements. The student must choose the correct answer for each statement by placing an "A" in the blank space if the term assault applied and an "N" if the term negligence applied. Part III consists of directions for the completion of a practicum. The student is directed to respond correctly to a legal situation presented by the instructor. He is further directed that evaluation of the response will be considered as to the nursing and the legal principles identified in the response of the student. A group of eight situations was developed and a key of the appropriate answers was completed. A vocabulary list, as well as a keyed vocabulary list with the correct definitions was prepared. In addition, a list of readings was prepared. Those with an asterisk were listed as required reading. A three part post-test was developed. Part I consists of a completion test. The completion statements relate to the structure and function of state and national nursing organization. Part II consists of a series of matching statements which relate to legal terms. Part three consists of a series of ten statements. The student is directed to choose the correct answer by placing an "A" in the space provided if the term assault applied; a "B" if the term battery applied; an "N" if the term negligence applied and a "P-J" if the term prudent judgment applied. Part four consists of directions for the completion of a practicum. The student is directed to respond

appropriately to a legal situation presented by the instructor. The student is further directed that evaluation of the response will be considered as to the nursing and legal principles identified in the response. A post-test key was developed.

In using the learning module on legal aspects, an initial counseling session will be held between the student and the nursing instructor prior to study of the module. At that time, the learning module is discussed, the behavioral objectives are reviewed and the student identifies his goals for the unit. The student, after reviewing the objectives, and if he feels that he can demonstrate knowledge and application of the stated objectives, may choose to complete the pre-test. If he achieves mastery at the 80% or better level of achievement, the student may proceed to the next learning module. In the event that mastery of the objectives is not demonstrated on the pre-test, the student will complete the module prior to retesting.

The modular approach to nursing provides a broad, comprehensive guide to an individual unit of study. The student, through various learning experiences, should be able to master the objectives. The objectives, stated in behavioral terms, enable the student to know what he must learn.

DISCUSSION, IMPLICATIONS, RECOMMENDATIONS

DISCUSSION

Results of the survey supported the concept of career mobility for the licensed practical nurse at Delaware County Community College. The respondents, representative of nursing students, nurse instructors, employers of nurses and members of the community, unanimously agreed that there is a core of knowledge basic to all health practitioners and that the development of a core curriculum would improve the potentiality for mobility of the health worker. Two thirds of the respondents indicated that a program should be developed that would permit advancement from one educational level to another. This was further supported by written comments such as: "There should be a special program for the licensed practical nurse to become a registered nurse," "Why is this not built into the program?," and "All nursing programs should be open ended to provide an opportunity for those who wish to continue to develop their skills."

Most of the respondents believed that the practical nurse should be able to demonstrate both competence and knowledge by completing a performance test. This was corroborated further by written comments such as: "Evaluate and educate by what skills they have," and "Test licensed practical nurse for both theory and clinical competency."

The majority of respondents indicated that there was a need for career mobility within the career of nursing. Written comments such as the students should be able to move forward as rapidly as possible at the person's own pace serve to emphasize the importance of career mobility. Cited, also, was the lack of cooperation between different types of nur-

sing for transfer from one type of program to another. Further, students indicated that the needs of students were not being met and supported the statement with the comment that students could not enroll on a part-time basis, or attend nursing or science classes in the evening or on weekends. Few of the respondents believe that programs are being developed to build on the individual preparation and ability of the student. One third of the respondents believe that the job responsibilities identified by the employing health agency for the licensed practical nurse differed from those of the graduate nurse, although they were assigned similar responsibilities. Written comments cited the need to identify the similarities of their respective responsibilities and that the identifiable differences serve as a basis for planning a program for the advancement of the licensed practical nurse to registered nurse.

Respondents in the study stressed reasons for career mobility similar to those expressed by the National League for Nursing Board of Managers in the 1976 statement on "Open Curriculum." (Appendix B) Both the respondents and board members cited the need for a system of career mobility to accomodate the changing career goals and learning needs of both licensed practical and registered nurses. The provision for the licensed practical nurse to satisfactorily complete a performance test (i.e., demonstrate both knowledge and competence) parallels the League's provision for entry and exit into the educational program based on the student's relevant education and experience. Respondents affirmed that there is a common core of knowledge basic to all health curricula, while the League ststement supports the concept that there are areas of achievement common to various nursing programs. The findings of the study thus support the thesis that society endorses the concept of open curriculum

There is clearly a difference between the job responsibilities of the licensed practical nurse and the registered nurse as designated by the employers of nurses, the professional organizations and the State Board of Nurse Examiners. The roles specified for the licensed practical nurse include: (1) providing nursing care in limited situations under the direct supervision of a physician, dentist or registered nurse and (2) assisting the physician or registered nurse in advanced medical treatment. In contrast, the registered nurse is expected to be able to: (1) identify nursing problems, (2) choose an appropriate course of action, (3) provide safe, efficient nursing care to meet the patient's health needs, (4) revise the nursing care plan as necessary following patient assessment, (5) guide the patient into self-help and, (6) provide health teaching for the patient and his family.

Beliefs basic to the development of a program for accepting the licensed practical nurse as a transfer student are: (1) there is a core of knowledge basic to all health practitioners; (2) the student is an individual, unique in his own right; (3) graduates of the associate degree nurse program should be able to function differently from the licensed practical nurse and, (4) the associate degree nurse graduate needs both general knowledge and skills essential to basic nursing practice.

The terminal behaviors of the associate degree nurse were developed. These statements correlate with the major abilities listed by the State Board of Nurse Examiners. (Appendix H.) Terminal behaviors are the basis for the program of studies. The degree of mastery of principles, knowledge and competencies (terminal behaviors) required of the registered nurse can be assessed using criterion-referenced measurement. One terminal objective (#3, Appendix J) is that the associate

degree nurse function with an understanding of his accountability for practice as a graduate registered nurse. This statement of function implies an understanding of the legal basis of nursing and legal principles pertinent to providing health services. The objectives for the first unit (legal aspects) of Nursing I was the basis for the learning module developed. The systematic approach to individualized instruction devised by Herrscher (1971) was used to design the learning module. The first consideration is to select material relevant to student need and which will impress upon the learner the importance of mastering the content. The directions instructed the student that completion of the module would apprise him of facts pertinent to functioning within the legal limitations of the registered nurse licensure.

The second step in this approach is the specifying of instructional objectives. The objectives communicate to the student what is to be learned. Additionally, the objectives indicate to the learner what is deemed important and what will be assessed to verify the effectiveness of instruction. The objectives of the module (Appendix Q) were stated in behavioral terms and hence met the second guideline.

The third guideline suggested by Herrscher (1971) is that pre-assessment testing should precede the formal instruction. Thus, it can be determined whether the student has the prerequisite capabilities to profit from the instruction, has already attained the knowledge and competencies specified in the objectives and where the student should be placed who possesses some but not all of the specified behaviors. A criterion-referenced pre-test was developed to assess the student's level of mastery of the objectives. This met the requirement of the third guideline.

The fourth guideline is the development of learning activities. These should be planned according to the objectives of the learning module and the needs of the student. Since learning is individual, some students learn best through reading, others through hearing, seeing, doing and others through a combination of these. Thus, a variety of activities were suggested (i.e., readings, audiotapes, programmed instruction, etc.) The goal is for the learner to achieve the specified objectives by using any of the suggested methods of learning. In this type of learning situation, the student becomes actively involved in his own learning, learning at a time convenient to him and choosing those experiences best suited for him. The content of the module was chosen on the basis of the objectives of the unit and the needs of the students. Thus, the fourth guideline was met.

Post-assessment is the fifth step in the development of the learning module. It is used as a means by which the specific behavioral objectives of the module can be measured upon completion of the set. Learning gain can be measured against the pre-test results. A criterion-referenced test was developed. Therefore, the fifth guideline was met.

The sixth guideline states that the instructional processes which fail to instruct should be revised until they are proven to be effective teaching tools. Revision of instruction should be based on a systematic process of obtaining feedback from the learner. To accomplish this, an evaluation form was developed for the module. Summary of the assessment of a learning module provides feedback from the learner and can be used for revision of the module. Developing an evaluation tool for assessment and subsequent revision of the module met the sixth guideline.

IMPLICATIONS

The advantages of an open, flexible curriculum are well documented. The concepts of open learning and career mobility are being developed and implemented throughout the country. New approaches are being taken to make higher education more responsive to the needs of today's learner. Nurses, as well as other health personnel, have functioned below their potential -- this is not economically sound for either the individual or society. Society's crucial health needs demand that a system of career mobility be provided. It is time for nurse educators to move forward by adopting major educational trends - to integrate new attitudes, beliefs and methods into the nursing program at Delaware County Community College.

An open, flexible curriculum enables the student to become a participant in the educational process. Independent study and choosing the method of learning most relevant to him develops student responsibility and decision making. Additionally, following assessment, the student is placed in the nursing program at the level of knowledge and competency he has already attained. The responsibility for learning rests with the student. Thus, the student can: (1) achieve the specified learning objectives for the program; (2) assume responsibility for his own learning; (3) read, study, library study, or use electronic or mechanical teaching materials; and (4) evaluate his own performance based on the specified objectives.

Implicit in the findings of the study are the responsibilities of the college. Thus, the role of the college is to humanize education, developing the uniqueness of each student and serving the pluralistic needs of both the individual and society as a whole. Thus, the college

should: (1) review the purpose of the college nursing program; (2) provide opportunitiy for entering or reentering the nursing program based on individual need; (3) design and introduce a cost effective method of instruction requiring accountability on the part of the instructor; (4) provide inservice education to reorient and redirect faculty understandings, so that knowledge and use of non-traditional forms of teaching and materials are increased as well as evaluative techniques and tools; (5) promote the use of educational technology (i.e., television, tape recorders, computers, etc.); (6) provide alternatives by which students can earn degrees or complete a major portion of their work for a degree (i.e., week-end college.); (7) reassess policies governing program development, faculty teaching load and number of students accepted into the nursing program.

The Delaware County Community College nursing faculty need to identify what is being taught, who is being taught and how it is taught, the purpose of teaching and how they will evaluate the results. They must adapt to the needs of society and ensure a program capable of adaptability and improvement. The innovations of independent study, credit for life experiences and progression according to individual ability are factors needing immediate consideration. In providing for career mobility, the nurse educator must recognize that practical nurse planners, recognizing the increasing complexity of the roles of nurses, have strengthened and extended course content beyond the minimum standards promulgated by the State Board of Nurse Examiners. A means must be devised whereby the knowledge and competency of the licensed practical nurse can be assessed and credit granted for what is known, based on previous education, experience or independent study. Specifically, the nurse faculty should:

(1) review the philosophy, objectives, policies and practices of the nursing program; (2) examine the terminal behaviors expected of the nursing program and their relevancy to the expectations of the employer of nurses and of the professional and legal agencies; (3) provide an opportunity for the student to validate the knowledge and skills he has acquired to properly place the student in the nursing program; (4) revise the curriculum based on the needs of the student, society and the opinion of nursing experts; (5) develop and endorse the use of criterion-referenced tests to assess the knowledge and competency of the transfer student; (6) attend inservice education programs to upgrade skills and learn new teaching techniques.

The resources of the community are necessary to implement and maintain a system of career mobility. Sociatal and community needs are met when the citizenry are served. To provide an open flexible curriculum, members of the community must: (1) continue economic support to the community college; (2) participate in a reassessment of educational priorities for the community and (3) promote career mobility programs.

RECOMMENDATIONS:

The study was prompted by the fact that an increasing number of licensed practical nurses were applying for transfer into the nursing program. Usually, those licensed practical nurses who were accepted into the nursing program successfully completed the program. Of sixty-seven practical nurses accepted into the program since 1968, eight withdrew due to scholastic failure; six completed the program, but failed one or more areas of the State Board Test Pool Examination the first time it was attempted, and fifty completed the program and attained equal/or higher scores on the State Board Test Pool Examination than the other graduates of the program. These findings reenforce the need to consider methods to facilitate granting of credit for demonstrated knowledge of this type of applicant and eliminate the need for repeating material already learned.

Perceptions of nursing students, practical nurses, employers of nurses, nursing instructors and members of the community differed only in degree regarding the need for career mobility for the licensed practical nurse applicant seeking transfer into the associate degree nurse program. The responsibilities identified by employers of nurses, professional organizations and the State Board of Nurse Examiners were similar. Findings of the study support the following recommendations.

RECOMMENDATION I

USE THE TERMINAL BEHAVIORS IDENTIFIED FOR THE GRADUATE ASSOCIATE DEGREE NURSE AS A BASIS FOR CURRICULUM REVISION

The functions specified in the nursing literature, identified by the employers of nurses, by the professional organizations and the major abilities tested were similar, differing mostly in degree of responsibility. In revising a curriculum, sources to be considered are

the students, society and nursing experts.

RECOMMENDATION II

PROVIDE ADVANCED PLACEMENT FOR LICENSED PRACTICAL NURSE APPLICANTS BASED ON ASSESSMENT OF KNOWLEDGE AND COMPETENCY BY PERFORMANCE TESTING

Criterion-referenced tests can be developed to assess the attainment of the terminal behaviors identified for the associate degree nurse graduate. Applicants should be placed in the nursing program on the basis of demonstrated competency and knowledge assessed through a performance test.

RECOMMENDATION III

UTILIZE CRITERION-REFERENCED MASTERY TESTS TO IDENTIFY THE DEGREE OF KNOWLEDGE OF THE NURSING STUDENT OF SPECIFIC NURSING FACTS

Criterion-referenced measurement can be used to differentiate between the learner who has mastered the information and one who has not. They are useful in determining whether the learner has attained the mastery level for the specified criterion. If the test items are a true reflection of the stated objectives (criterion) to be attained, the percent mastery of the test will predict the extent to which the learner has acquired the essential knowledge.

RECOMMENDATION IV

THE LEARNING MODULE DEVELOPED ON LEGAL ASPECTS SHOULD BE TESTED ON PRACTICAL NURSE STUDENTS ACCEPTED INTO THE PROGRAM

The independent individualized modular approach to learning provides a method whereby the student may become a more active participant in the learning process; he may progress at his own pace and evaluate his own achievement. The learner does not repeat material already learned and he is able to master skills and develop concepts according to his learning needs.

RECOMMENDATION V

THE LEARNING MODULE ON LEGAL ASPECTS SHOULD BE USED AS A BASIS FOR THE DEVELOPMENT OF ADDITIONAL MODULES RELATED TO NURSING KNOWLEDGE AND SKILL

The inability of licensed practical nurses to transfer into the associate degree nurse program and the scholastic failure experienced by some students who were accepted into the nursing program require the development of a system of instruction whereby a student can pace so that exposure to different materials can proceed at a slower speed. Also, the advantages of modular learning suggest the utilization of additional modules to teach nursing principles and concepts basic to nursing practice.

RECOMMENDATION VI

PROVIDE FACULTY IN-SERVICE PROGRAM ON SELF-INSTRUCTIONAL MODULAR LEARNING

There exists a need to familiarize nursing instructors with the overall format for the development and use of independent individualized learning modules. A complete inservice program should include the steps in developing a learning module (i.e., a rationale, specific instructional objectives, pre-assessment, learning activities, post-assessment and revision.)

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APPENDIX A

PENNSYLVANIA NURSES ASSOCIATION
LEVELS OF PRACTICE

The Pennsylvania Nurses Association accepts its obligation to help clarify the functions and responsibilities of the diverse categories of nursing personnel by establishing these guidelines for the levels of responsibility necessary to implement the nursing process.

The Association endorses the concept of career mobility and career development and believes that individuals in nursing may move from one level to another, in either direction, depending upon that person's motivation, education, and competence.

These guidelines will serve employers of nursing personnel in all health care settings as a foundation for development of specific job descriptions and peer review mechanisms.

Level I

This level of nursing personnel works in a predictable, structured environment under the direct supervision of a higher level of nursing personnel. Preparation for this level is defined and established by pre-service programs or the employing agency and enhanced through the staff development programs. The employing agency identifies the functions of the individuals. Individuals complete delegated assignments made by their immediate supervisor and/or higher level of nursing personnel.

According to the role of individuals in this level, they:

(1) assist in implementing the nursing regimen for assigned clients in a given unit.
(2) report clients' responses and collaborate with appropriate members of the health team.
(3) participate in implementing standards of nursing practice.
(4) participate in determining conditions essential to delivery of nursing care services.
(5) participate in departmental and inter-disciplinary committees which influence or determine policies affecting nursing practice.
(6) maintain competence through participation in staff development as prescribed by professional nursing personnel.
(7) implement specific responsibilities as delegated.
(8) assist in identifying individual and collective learning needs of the peer group.
(9) evaluate initial orientation and on-going staff development for the peer group.

(Over)

Level II

This level of nursing personnel works in a controlled stable environment, follows established procedures and has immediate supervision available. The Practical Nurse Practice Act defines an established prescribed preparation. This level of personnel may assume the responsibilities for assigning tasks to Level I in collaboration with a registered nurse.

According to the role of individuals in this level, they:

(1) assist in development, implementation and evaluation of the nursing regimen for clients within a given unit.
(2) record and report clients' responses and collaborate with appropriate members of the health team.
(3) offer input for the evaluation of ancillary direct care personnel.
(4) participate in implementing standards of nursing practice.
(5) participate in determining conditions and policies essential to delivery of nursing care services.
(6) participate in departmental and inter-disciplinary committees which influence or determine policies affecting nursing practice.
(7) maintain competence through participation in continuing education and other appropriate learning experiences.
(8) assist and identify individual and collective learning needs of the peer group.
(9) evaluate on-going staff development for the peer group.

Level III

This level is based on the Pennsylvania Nurses Association's Position on Professional Nursing Practice (see Appendix I). The individual nurse and employer recognize that within this level varied degrees of competence, education and experience exist. To attain optimum functional competence of the individual nurse, the employer must assume the responsibility for providing an on-going staff development and continuing education programs consistent with the needs of that nurse. The nurse assumes individual responsibility for participation in these programs.

According to the role of individuals in this level, they:

(1) use the nursing process to administer nursing care for assigned clients.
(2) record, report and interpret clients' responses and collaborate with appropriate members of the health team.
(3) identify those components of the nursing regimen which may be delegated to allied nursing personnel and provide teaching and guidance as necessary.
(4) participate in promoting, interpreting and implementing standards of nursing practice.
(5) participate in determining conditions, resources and policies essential to delivery of nursing care services.
(6) participate in departmental and inter-disciplinary committees which influence or determine policies affecting nursing practice.
(7) interpret the philosophy and objectives of the agency and the nursing department to clients, families and other groups.
(8) maintain competence through participation in continuing education and other appropriate learning experiences.
(9) implement specific nursing responsibilities as delegated.
(10) assume the patient advocate role with an interdisciplinary team in order to determine and achieve health goals.
(11) assist in identifying individual and collective learning needs within the peer group and allied nursing personnel.
(12) evaluate on-going staff development programs.
(13) assume the responsibility for the development and maintenance of a system of peer review of nursing personnel at this level.

Level IV

This level of nursing personnel works in all types of settings or functions as an independent practitioner. Preparation for this level of practice includes advanced knowledge and extensive experience in the nursing care of clients and formal or continuing education which extends the scope or depth of practice, including supervisory skills, ability to coordinate all aspects of patient care and knowledge of community resources. This level of practice is more self-directed than the previous levels and reflects the changing role of the nurse and the reciprocal relationship with other members of the health care team.

According to the role of the individuals in this level, they:

(1) initiate, coordinate and direct the nursing process for clients.
(2) record, report and interpret clients' responses and collaborate with appropriate members of the health team; act as a change agent by influencing attitudes, modifying behavior, and introducing new approaches to nursing practice.
(3) may provide direct care, guide and evaluate the nursing process, identify those components of the nursing regimen which may be delegated to allied nursing personnel, and provide teaching and guidance as necessary.
(4) assume the responsibility for promoting, interpreting and implementing standards of nursing practice.
(5) collaborate with appropriate personnel in determining environmental and employment conditions, human and material resources and policies essential to delivery of nursing care services.
(6) participate in departmental and inter-disciplinary committees which influence or determine policies affecting nursing practice.
(7) interpret philosophy and objectives of the agency and nursing department to clients, families and other groups.
(8) maintain competence through participation in continuing education and other appropriate learning experiences.
(9) review and analyze trends pertinent to delivery of nursing care services and initiate appropriate innovations.
(10) initiate patient advocacy role through collaboration with other members of an inter-disciplinary team and consumers to determine and achieve health goals.
(11) investigate clinical nursing problems and assist with the development and testing of relevant theories; implement and evaluate research findings for nursing practice.
(12) assist in identifying resources and facilities essential to the provision of staff development; evaluate on-going staff development programs.
(13) assume the responsibility for the development and maintenance of a system of peer review at this level.

Level V

This level of nursing personnel works in all types of settings. Individuals are accountable for the performance of the various levels of nursing personnel or students under their direction. They address themselves to the vital health needs of society and develop and promote nursing competence of those under their direction. Clinicians, administrators, and educators require advanced preparation as well as on-going continuing education to optimize competence.

According to the role of the individuals in this level, they:

(1) establish policies and programs for delivery of nursing care or education and control standards of practice and education.
(2) initiate and participate appropriately in staff development and continuing education programs.
(3) initiate and promote research.
(4) provide consultation within areas of competence.
(5) assess, plan and project for long range goals.
(6) are cognizant of current trends in nursing, interpret those trends to others and assume leadership in planning for implementation of those trends.
(7) assume responsibility for development of a system of peer review.

PENNSYLVANIA NURSES ASSOCIATION'S
POSITION ON PROFESSIONAL NURSING PRACTICE

To clarify the practice of modern professional nursing, the PNA has identified the following assumptions:

1. The professional nurse is licensed as an independent practitioner. As such, the professional nurse collaborates with the physician and other health personnel in the delivery of health care.

2. As a licensed practitioner, the professional nurse is qualified to made a variety of independent decisions and to perform a variety of activities relative to the management of health care for the people.

3. In addition to the independent functions, the professional nurse is also responsible for the implementation of medical regimens under the direction of a licensed physician or dentist.

4. The role of the professional nurse is not synonomous with that of the physician's assistant or associate. To assume interchangeability of roles is to deny the uniqueness of each, thus diminishing the capability for meeting society's complex health care needs.

Based on the above assumptions, the PNA defines the following as functions appropriate for modern professional nursing practice:

1. Assesses the total health illness status of the individual which may include a developmental and medical history, as well as a physical examination.

2. Diagnoses human responses to actual or potential health problems which infers the identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of nursing regimens.

3. Maintains the normal health status of individuals through preventive and promotive health regimens which may include entering a person into the health care system.

4. Implements therapeutic nursing measures as appropriate for the levels of illness.

5. Manages medical care regimens for acute and chronically ill patients, within established standing orders.

6. Teaches and counsels individuals, families, and the community about health and illness.

7. Develops or maintains programs to teach, counsel, and care for the chronically ill; aged; women with normal pregnancies; and for children and their families.

8. Assumes responsibility for the management of nursing care.

(Over)

9. Supervises all health personnel involved in administering nursing care.

10. Assumes leadership and change agent roles in the development of health delivery services.

11. Accepts accountability for competency to the public, the employer and professional peers.

APPENDIX B

The Open Curriculum in Nursing Education

A Statement Approved by the Board of Directors, National League for Nursing, February 1970

An open curriculum in nursing education is a system which takes into account the different purposes of the various types of programs but recognizes common areas of achievement. Such a system permits student mobility in the light of ability, changing career goals, and changing aspirations. It also requires clear delineation of the achievement expectations of nursing programs, from practical nursing through graduate education. It recognizes the possibility of mobility from other health related fields. It is an interrelated system of achievement in nursing education with open doors rather than quantitative serial steps.

The National League for Nursing believes that:

Individuals who wish to change career goals should have the opportunity to do so.

Educational opportunities should be provided for those who are interested in upward mobility without lowering standards.

In any type of nursing program opportunity should be provided to validate previous education and experience.

Sound educational plans must be developed to avoid unsound projects and programs.

More effective guidance is urgently needed at all stages of student development.

If projects and endeavors in this area are to be successful, nursing must accept the above concept of the open curriculum.

National League for Nursing
10 Columbus Circle, New York, New York 10019

THE OPEN CURRICULUM IN NURSING EDUCATION

A Statement Approved by the Board of Directors,
National League for Nursing, February 1976

An open curriculum is one educational approach designed to accommodate the changing career goals and learning needs of students. It facilitates entry into and exit from educational programs by capitalizing on the student's relevant education and experience. The open curriculum in nursing recognizes areas of achievement common to the graduates of various types of educational programs, as well as the value of learning that takes place outside the academic setting. This is one of nursing's responses to the needs of students for more flexibility in entering the nursing education system.

The National League for Nursing supports the open curriculum in nursing education. NLN believes that:

- Individuals who wish to change career goals in nursing or enter nursing from other fields should have the opportunity to do so without unnecessary repetition of course content or clinical experience. In any type of nursing program, opportunity should be provided to students to validate previous learning and to facilitate advanced placement.

- Prospective students should be provided with effective guidance to select the nursing education program best suited to their career goals and to assist them in all stages of their nursing education.

- Schools of nursing should be supported in their efforts to experiment with innovative patterns in nursing education, including open curriculum concepts. All phases of an open curriculum program must be carefully planned with continual and follow-up evaluation as an integral part of the program's accountability to society. Open curriculum programs also need assurance of continuing financial support and of academic and community resources.

- Faculty in open curriculum programs are encouraged to carefully develop curriculum designs that meet NLN's criteria for accreditation. League accreditation is based on a nursing program's meeting the specified criteria of an appropriate NLN education council, on the "general excellence" of the program, and on the program's ". . . achievement with regard to its stated objectives."[1]

NLN will continue to provide a forum for nursing schools interested in the development of educational innovations, including the open curriculum concept. This policy reflects the League's continuing commitment to assist nursing education in meeting society's needs.

[1] *Policies and Procedures of Accreditation for Programs in Nursing Education,* New York: National League for Nursing, 1976, p.2.

national league for nursing · ten columbus circle · new york, new york 10019

APPENDIX C

DELAWARE COUNTY COMMUNITY COLLEGE
DEPARTMENT OF ALLIED HEALTH - NURSING
QUESTIONNAIRE - LPN/RN ARTICULATION

The statements below relate to basic beliefs relative to articulation. Please check in the column to the right the statement which most appropriately describes your opinion.

Please include any additional statements you deem pertinent to any discussion of career mobility in the space provided (include any specific recommendations for the implementation of a licensed practical nurse/associate degree nursing program at Delaware County Community College).

STATEMENTS	Strongly Disagree	Mildly Disagree	Disagree	No Opinion	Agree	Mildly Agree	Strongly Agree
1. The DCCC nursing program should serve as a ladder to permit advancement from one level to another.							
2. Opportunity for career advancement is essential to retain workers in the field of nursing.							
3. Public policy implicit in Federal regulation and manpower demands that individuals be afforded the opportunity for advancement from the lowest to the highest level within the career of nursing.							
4. Associate Degree Nursing programs have failed to provide mechanisms whereby the knowledge and skill of the licensed practical nurse could be assessed.							
5. Development of a core curriculum leading into various health careers would improve the potentiality of mobility of health workers.							
6. A system should be established whereby the LPN can get the additional education to move forward as rapidly as possible (i.e., within one year or less).							
7. LPN's should be able to complete a performance based test to demonstrate their knowledge and competence and be appropriately placed in an associate degree nursing curriculum.							
8. The combined graduates of all nursing education programs is inadequate to meet the current demands for nursing service now and in the next decade.							
9. Some nursing education programs are developing articulation programs that take into account differences in preparation and learning capacity among students.							
10. A performance based practicum to evaluate the clinical competencies of LPN applicants should be developed							
11. There is a core of knowledge basic to all health practitioners.							
12. The job responsibilities identified by the employing agency for the graduate nurse are clearly different from those for the licensed practical nurse.							

Additional Comments:

APPENDIX D

Delaware County Community College
Media, Pennsylvania 19063 353-5400

February 19, 1976

Dear Colleague:

I respectfully request your assistance in identifying the need for development of an Licensed Practical Nurse-Associate Degree Articulation Program at Delaware County Community College.

The purpose of this survey is to provide useful information to the directors of nursing services and of practical nurse and associate degree programs. Therefore, a summary of the survey will be forwarded to you upon completion. In addition to its prime purpose, the study will partially fulfill requirements for a doctoral program at Nova University.

Please complete the enclosed questionnaire which deals with data germain to an articulation program.

Please provide a check (✓) in the appropriate areas and a written response when indicated. It would be most appreciated if this questionnaire could be returned as soon as possible, so that cumulative results can be returned to you.

Thank you for your cooperation in this endeavor.

Sincerely,

Gilberta M. Trani

Gilberta M. Trani
Director, Allied Health Programs

The Practical Nurse Act

Act of Pennsylvania General Assembly, March 2, 1956, P.L. (1935) 1211, as amended, January 13, 1966, P.L. (1965) 1295.

SECTION 1. CITATION OF ACT.

This act shall be known and may be cited as the "Practical Nurse Law."

SECTION 2. DEFINITIONS.

When used in this act the following words and phrases shall have the following meaning, unless the context clearly indicates otherwise.

(1) The "practice of practical nursing" means the performance of selected nursing acts in the care of the ill, injured or infirm under the direction of a licensed professional nurse, a licensed physician or a licensed dentist which do not require the specialized skill, judgment and knowledge required in professional nursing.

(2) "Board" means the State Board of Nurse Examiners.

SECTION 3. LIMITATION TO PRACTICAL NURSING.

This act confers no authority to practice any profession other than practical nursing.

This act does not prohibit:

(1) Home care of the sick by friends, domestic servants, nursemaids and companions or household aides of any type so long as such persons do not represent or hold themselves out to be practical nurses or use in connection with their names any designation tending to imply that they are licensed to practice under the provisions of this act.

(2) Gratuitous care of the sick by friends or members of the family.

(3) Domestic administration of family remedies by any person.

(4) Nursing services by anyone in case of an immediate emergency.

(5) Nursing by a persor temporarily in this Commonwealth in compliance with an engagement made outside of this Commonwealth which engagement requires that such person accompany and care for a patient while temporarily in this Commonwealth whenever the engagement shall not be of more than six (6) months' duration.

(6) Care of the sick without compensation or personal profit when done in connection with the practice of the religious tenets of any church adherents thereof.

(7) Nursing services rendered by a student enrolled in an approved school of practical nursing, when these services are part of the course of study.

(8) Nursing services rendered by a graduate of an approved school of practical nursing in Pennsylvania or any other state, working under qualified supervision, during the period not to exceed one (1) year between completion of his or her course of nursing education and notification of the results of a licensing examination taken by such person, and during such additional period as the board may in each case especially permit.

(9) Nursing services rendered by a person who holds a current license or other evidence of the right to practice practical nursing as that term is defined in this act, issued by any other state or territory of the United States or province of the Dominion of Canada, during the period that an application filed by such person for licensure in Pennsylvania is pending before the board, or for a period of one (1) year, whichever period first expires.

(10) Auxiliary services rendered by persons carrying out duties necessary for the support of nursing service, including those duties which involve minor nursing services for patients, performed in hospitals or elsewhere under the direction of licensed physicians or as delegated by licensed registered nurses and performed under the direction of professional nurses or licensed practical nurses.

SECTION 4. EXAMINATION AND ISSUE OF LICENSE CERTIFICATE.

The board shall once every year and at such other times and under such conditions as shall be provided by its regulations examine all applicants eligible for examination to determine whether they are qualified to be licensed, and shall authorize the issue to each person

passing said examination to the satisfaction of the board a proper certificate setting forth that such person has been licensed to practice as a licensed practical nurse.

SECTION 5. APPLICATION FOR LICENSE.

No application for licensure as a licensed practical nurse shall be considered unless accompanied by a fee of five dollars ($5.00). Every applicant for examination as a licensed practical nurse shall furnish evidence satisfactory to the board that he or she is eighteen years of age or over, is a citizen of the United States or has legally declared intention to become such, is of good moral character, has completed at least eight years and after January 1, 1967, twelve years of education with diploma in public, parochial or private school, or its equivalent as evaluated by the Department of Public Instruction; and has satisfactorily completed a course in practical nursing prescribed and approved by the board in a school, hospital or other institution, of not less than fifteen hundred hours and within a period of not less than twelve months.

SECTION 6. LICENSING WITHOUT EXAMINATION.

The board may license without examination a graduate of an approved school for the training of practical nurses in any other state, territory, province or country, who has completed a course of study in practical nursing considered by the board to be equivalent to that required in this Commonwealth and who was licensed in such state, territory, province or country, by examination and has met the foregoing requirements as to age, character, citizenship and preliminary education.

SECTION 7. LICENSING APPLICATION TO PRESENTLY LICENSED ATTENDANTS.

Every person licensed to practice as a licensed attendant and to use the letters "LA" at the time this act becomes effective shall be considered as licensed to practice under this act and may continue to practice as such upon the annual renewal* of his or her license as required herein and subject to the provision hereof. Any person licensed as a licensed attendant may exchange such license

* By administrative action changed to biennial renewal.

for a license as a practical nurse and may thereafter use the letters "LPN" instead of the letters "LA". Nothing in this act shall affect the right of a bona fide student in an approved school or institution, preparing on the effective date of this act for examination as a licensed attendant, to take said examination, but the license issued therefor shall be as a licensed practical nurse. The board shall make such provisions therefor as necessary and may authorize the issuance of license to make this provision effective.

SECTION 8. APPOINTMENT OF COMMITTEE TO ESTABLISH RULES AND REGULATIONS.

(a) The board, with the approval of the Commissioner of Professional and Occupational Affairs, shall appoint a committee of two licensed practical nurses and one licensed professional nurse experienced in practical nurse education and, in consultation with this committee, subject to the provisions of the Administrative Agency Law, approved June four, one thousand nine hundred forty-five (Pamphlet Laws 1388), and its amendments, shall have the power and duty to establish reasonable rules and regulations for the administration of this act. Copies of such rules and regulations shall be available to persons who may be interested therein. The board shall have no power in any way to fix salaries or control the compensation paid any licensed practical nurse or licensed attendant.

(b) As a member of said committee a licensed practical nurse must be eligible for membership in the Licensed Practical Nurses Association of Pennsylvania, and a licensed professional nurse experienced in practical nurse education must be eligible for membership in the Pennsylvania Nurses Association.

(c) To qualify as a member of said committee, an appointee must have been a licensed practical nurse or a licensed professional nurse in Pennsylvania for a minimum period of five (5) years.

(d) The term of office for each committee member shall be five (5) years and no committee member may serve for a longer period than two (2) consecutive terms; however, the first appointments shall be for terms of one (1), three (3) and five (5) years respectively, and at the expiration of these original appointments all subsequent terms shall be for five (5) years. In calculating the

two (2) consecutive terms, no term served for a lesser period than five (5) years shall be considered.

SECTION 9. LISTS OF APPROVED SCHOOLS.

The board shall annually prepare and make available for public distribution lists of all schools and institutions, or combinations thereof, for the training of practical nurses, approved by the board, the graduates of which shall be eligible for examination for licensure as licensed practical nurses. After January 1, 1967, all candidates for admission to any such school or institution for the training of practical nurses shall have completed, with diploma, at least a high school education in public, parochial or private school, or its equivalent, as evaluated by the Department of Public Instruction. The removal of any such school or institution from the approved list shall not make any bona fide student therein at the time of said removal ineligible for examination.

SECTION 10. INSIGNIA "LPN".

An insignia bearing the initials "LPN" may be worn by persons licensed under the provisions of this act.

SECTION 11. RECORD.

The board shall maintain a record of all licenses issued under the provisions of this act and renewals thereof as hereinafter provided.

SECTION 12. TIME LIMIT OF LICENSE.

Each original license issued and recorded under the provisions of this act shall authorize the holder to practice nursing as a licensed practical nurse from the date of the issuance of said license until the last day of June next succeeding, unless said license shall be revoked or suspended for cause as hereinafter provided.

SECTION 13. RENEWAL OF LICENSE.

Every licensed practical nurse receiving a license under the provisions of this act shall, annually* during the month of June, apply for renewal of such license, whereupon the board shall upon the payment of the fee of one dollar ($1.00) issue a renewal of said license for the term of one year and such renewal shall be duly recorded as hereinafter provided.

* By administrative action changed to biennial renewal.

SECTION 14. PROHIBITIONS.

Except as otherwise herein provided, it shall be unlawful for any person, association, partnership, corporation or institution, after the effective date of this act, to

(1) Furnish, sell or obtain by fraud or misrepresentation a record of any qualifications required for a license, or aid or abet therein;

(2) Use in connection with his or her name the words practical nurse, licensed practical nurse, or the letters "PN", or "LPN", or any designation tending to imply that he or she is a practical nurse, or licensed practical nurse, unless he or she is duly licensed to so practice under the provisions of this act;

(3) Practice practical nursing during the time his or her license issued under the provisions of this act is suspended or revoked;

(4) Practice practical nursing without a valid current license;

(5) To transfer, offer to transfer, or permit the use by another of any license issued under this act;

(6) To aid or abet any person to violate any provision of this act;

(7) Otherwise violate any of the provisions of this act.

SECTION 15. PENALTY.

Any person or an officer or employe of any association, corporation, institution or partnership, violating any of the provisions of this act shall, upon summary conviction therefor, be sentenced to pay a fine of not less than fifty dollars ($50) for the first offense, and for a second and subsequent offense not less than one hundred dollars ($100.00) nor more than two hundred dollars ($200.00), and in default of the payment of such fine and costs to undergo imprisonment for a period not to exceed thirty (30) days.

SECTION 16. CAUSES FOR SUSPENSION OR REVOCATION OF LICENSE.

The board may suspend or revoke any license in any case where the board shall find, that the licensee

(1) Is guilty of gross immorality;

(2) Is unfit or incompetent by reason of negligence, habits or other causes;

(3) Has wilfully or repeatedly violated any of the provisions of this act or of the regulations of the board;

(4) Has committed fraud or deceit in the practice of practical nursing or in securing his or her admission to such practice;

(5) Has been convicted or has pleaded guilty or entered a plea of nolo contendere or has been found guilty by a judge or jury of a crime, or has been dishonorably discharged or has been discharged under circumstances amounting to dishonorable discharge from the military forces of the United States or of any other country;

(6) Is an habitual drunkard or is addicted to the use of morphine, cocaine or other drugs having a similar effect, or if he or she has become mentally incompetent;

(7) Is continuing to practice nursing when such licensee knows he or she has an infectious, communicable or contagious disease;

(8) Has been guilty of unprofessional conduct or such conduct as to require a suspension or revocation in the public interest;

(9) That said licensee having obtained a license or certificate of record upon declaration of intention to become a citizen of the United States has not become a citizen of the United States within seven years from the date of such declaration of intention.

SECTION 17. REGULATIONS FOR SUSPENSION OR REVOCATION.

All suspensions and revocations shall be made only in accordance with the regulations of the board and only by majority vote of the members of the board, and shall be subject to the right of notice, hearing and adjudication and the right of appeal therefrom in accordance with the provisions of the Administrative Agency Law, approved June four, one thousand nine hundred forty-five (Pamphlet Laws 1388), or any amendment or reenactment thereof relating to adjudication procedure. The board by majority action and in accordance with its regulations may reissue any license which has been suspended or revoked.

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This represents the current law governing the practice of professional nursing in the Commonwealth of Pennsylvania. It is a consolidation of Act No. 69 and all subsequent amendments to that act.

The Professional Nursing Law

AN ACT

Relating to the practice of professional nursing; providing for the licensing of nurses and for the revocation and suspension of such licenses, subject to appeal, and for their reinstatement; providing for the renewal of such licenses; regulating nursing in general; prescribing penalties and repealing certain laws.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. This act shall be known and may be cited as "The Professional Nursing Law."

Section 2. When used in this act, the following words and phrases shall have the following meanings unless the context provides otherwise:

(1) The "Practice of Professional Nursing" means diagnosing and treating human responses to actual or potential health problems through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The foregoing shall not be deemed to include acts of medical diagnosis or prescription of medical therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medical Education and Licensure and the Board, which rules and regulations shall be implemented by the Board.

(2) "Board" means the State Board of Nurse Examiners.

(3) "Approved" means approved by the State Board of Nurse Examiners.

(4) "Diagnosing" means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen.

(5) "Treating" means selection and performance of those therapeutic measures essential to the effective execution and management of the nursing regimen, and execution of the prescribed medical regimen.

(6) "Human responses" means those signs, symptoms and processes which denote the individual's interaction with an actual or potential health problem.

Section 2.1. The Board shall have the right and duty to establish rules and regulations for the practice of professional nursing and the administration of this act. Copies of such rules and regulations shall be available for distribution to the public.

Section 3. Any person who holds a license to practice professional nursing in this Commonwealth, or who is maintained on inactive status in accordance with section 11 of this act, shall have the right to use the title "registered nurse" and the abbreviation "R.N." No other person shall engage in the practice of professional nursing or use the title "registered nurse" or the abbreviation "R.N." to indicate that the person using the same is a registered nurse. No person shall sell or fraudulently obtain or fraudulently furnish any nursing diploma, license, record, or registration or aid or abet therein.

Section 4. This act confers no authority to practice dentistry, podiatry, optometry, chiropractic, medicine or surgery, nor does it prohibit—

(1) Home care of the sick by friends, domestic servants, nursemaids, companions, or household aides of any type, so long as such persons do not represent or hold themselves out to be licensed nurses, licensed registered nurses, or registered nurses; or use in connection with their names, any designation tending to imply that they are licensed to practice under the provisions of this act nor services rendered by any physicians, osteopaths, dentists or chiropractors, podiatrists, optometrists, or any person licensed pursuant to the act of March 2, 1956 (P.L. 1211 No. 376), known as the "Practical Nurse Law."

(2) Care of the sick, with or without compensation or personal profit, when done solely in connection with the practice of the religious tenets of any church by adherents thereof.

(3) The practice of professional nursing by a person temporarily in this Commonwealth licensed by another state, territory or possession of the United States or a foreign country, in compliance with an engagement made outside of this Commonwealth, which engagement requires that such person accompany and care for a patient while temporarily in this Commonwealth: Provided, however, that said engagement shall not be of more than six (6) months' duration.

(4) The practice of professional nursing by a graduate of an approved program of professional nursing in Pennsylvania or any other state, working under qualified supervision, during the period not to exceed one (1) year between completion of his or her program and notification of the results of a licensing examination taken by such person, and during such additional period as the Board may in each case especially permit.

(5) The practice of professional nursing by a person who holds a current license or other evidence of the right to practice professional nursing, as that term is defined in this act, issued by any other state, territory or possession of the United States or the Dominion of Canada, during the period that an application filed by such person for licensure in Pennsylvania is pending before the Board, but not for a period of more than one (1) year.

(6) The practice of professional nursing, within the definition of this act, by any person when such person is engaged in the practice of nursing as an employee of the United States.

Section 5. (a) The Board shall, once every year and at such other times and under such conditions as shall be provided by its regulations, examine all eligible applicants for licensure; and shall, subject to the provisions of Section 6 of this act, issue a license to each person passing said examination to the satisfaction of the Board.

(b) The Board may admit to examination any person who has satisfactorily completed an approved nursing education program for the preparation of registered professional nurses in Pennsylvania or such a program in any other state, territory or possession of the United States, considered by the Board to be equivalent to that required in this Commonwealth at the time such program was completed, and who meets the requirements of character and preliminary education.

(c) The Board may admit to examination any person who has satisfactorily completed a nursing education program for the preparation of registered professional nurses in a country or territory not mentioned above who has been

licensed, registered, or duly recognized there as a professional nurse provided such a program is considered by the Board to be equal to that required in this Commonwealth at the time such program was completed and who meets the requirements of character and preliminary education.

Section 6. No application for licensure as a registered nurse shall be considered unless accompanied by a fee of ten dollars ($10). Every applicant, to be eligible for examination for licensure as a registered nurse, shall furnish evidence satisfactory to the Board that he or she is of good moral character, has completed work equal to a standard high school course as evaluated by the Board and has satisfactorily completed an approved program of professional nursing.

Section 6.1. The Board shall establish standards for the operation and approval of nursing education programs for the preparation of registered professional nurses and for the carrying out of the rights given to the Board under this act. Programs for the preparation of registered professional nurses shall be established or conducted only with the approval of the Board.

The Board shall establish standards and approve organized programs of study offered to foreign graduate nurses in the United States on nonimmigration status who are studying in this Commonwealth. Initial approval shall be followed by at least annual survey and review of the program to assure maintenance of acceptable standards. Such programs shall be conducted only with approval of the Board. Each hospital maintaining an exchange visitor educational program for foreign graduate nurses shall pay a fee as established by the Board. Such fee shall be related to the actual costs incurred by the Board in rendering services in connection with such programs.

Section 6.2. The Board shall annually prepare and make available for public distribution a list of all programs approved and classified by it. Any student who shall be enrolled in any school which shall be removed from the approved list shall be given credit toward the satisfaction of the Board's requirements for examination for such of the requirements of the Board which any said student shall satisfactorily complete prior to the removal of said school from the approved list, and said student shall upon the satisfactory completion of the remainder of said requirements in any approved school be eligible for examination for licensure. The Board may withhold or remove any school from the approved list if the school fails to meet and maintain minimum standards, as established by regulation of the Board of education, curriculum, administration, qualifications of the faculty, organization and functions of the faculty, staff and facilities.

Section 7. The Board may issue a license without examination to a graduate of a school of nursing who has completed a course of study in nursing considered by the Board to be equivalent to that required in this State at the time such course was completed, and who is registered or licensed by examination in any other state, or territory of the United States or the Dominion of Canada, and who has met all the foregoing requirements as to character, and preliminary education.

Section 8. The Board shall issue to each person who meets the licensure requirements of this act, a certificate setting forth that such person is licensed to engage in the practice of professional nursing and entitled to use the title "registered nurse" and the letters "R.N."

Section 9 & Section 10. Repealed (content now contained in Sections 2.1 and 6.2 respectively).

Section 11. (a) Licenses issued pursuant to this act shall expire on the thirty-first day of October of each biennium, or on such other biennial expiration date as may be established by regulation of the Board. Application for renewal of a license shall biennially be forwarded to each registrant holding a current license prior to the expiration date of the current renewal biennium. The application form may be completed and returned to the Board, accompanied by the required fee of

plication, the applicant shall receive a renewal of license.

(b) Any registrant licensed under this act may request an application for inactive status. The application form may be completed and returned to the Board. Upon receipt of each application, the applicant shall be maintained on inactive status without fee and shall be entitled to apply at any time and to receive a current license by filing a renewal application as in subsection (a) hereof.

Section 12. Repealed (content now contained in Section 3).

Section 13. Any person, or the responsible officers or employees of any corporation, copartnership, institution or association violating any of the provisions of this act, shall, upon summary conviction thereof, be sentenced to pay a fine of three hundred dollars ($300); and in default of the payment of such fine and costs, to undergo imprisonment for a period of ninety (90) days, unless nonpayment of said fine is shown by affidavit made by the defendant to the court, to be the result of the defendant's indigency.

Section 14. The Board may suspend or revoke any license in any case where the Board shall find that—

(1) The licensee is on repeated occasions negligent or incompetent in the practice of professional nursing.

(2) The licensee is unable to practice professional nursing with reasonable skill and safety to patients by reason of mental or physical illness or condition or physiological or psychological dependence upon alcohol, hallucinogenic or narcotic drugs or other drugs which tend to impair judgment or coordination, so long as such dependence shall continue. In enforcing this clause (2), the Board shall, upon probable cause, have authority to compel a licensee to submit to a mental or physical examination as designated by it. After notice, hearing, adjudication and appeal as provided for in Section 15, failure of a licensee to submit to such examination when directed shall constitute an admission of the allegations upon which a default and final order may be entered without the taking of testimony or presentation of evidence. A licensee affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that he can resume a competent practice of professional nursing with reasonable skill and safety to patients.

(3) The licensee has wilfully or repeatedly violated any of the provisions of this act or of the regulations of the Board.

(4) The licensee has committed fraud or deceit in the practice of nursing, or in securing his or her admission to such practice.

(5) The licensee has been convicted, or has pleaded guilty, or entered a plea of nolo contendere, or has been found guilty by a judge or jury, of a felony in the courts of this Commonwealth or any other state, territory or country.

(6) The licensee has his license suspended or revoked in another state, territory or country.

Section 15. All suspensions and revocations shall be made only in accordance with the regulations of the Board, and only by majority vote of the members of the Board after a full and fair hearing before the Board. All actions of the Board shall be taken subject to the right of notice, hearing and adjudication, and the right of appeal therefrom, in accordance with the provisions of the Administrative Agency Law, approved the fourth day of June, one thousand nine hundred forty-five (Pamphlet Laws 1388), or any amendment or reenactment thereof, relating to adjudication procedure. The Board, by majority action and in accordance with its regulations, may reissue any license which has been suspended or revoked.

Note: Act Number 69, P.L. 317, May 22, 1951
as amended by
Act Number 151, July 3, 1974
Act Number 118, P.L. 353, May 6, 1970
Act Number 73, P.L. 135, May 29, 1968
Act Number 689, P.L. 1888, December 17, 1959

APPENDIX G

TEST PLAN FOR STATE BOARD TEST POOL EXAMINATION FOR PRACTICAL NURSE LICENSURE ADOPTED BY THE COMMITTEE ON BLUEPRINT FOR LICENSING EXAMINATIONS OF THE ANA COUNCIL OF STATE BOARDS OF NURSING

JANUARY, 1976

The measurable abilities are not mutually exclusive. A single test item may test subabilities under two or more of the major abilities. The range of percentage of items in each major ability in an Examination is included in parentheses.

Measurable Abilities	Limitations
I. Understands what the licensed practical nurse's responsibilities are as a member of a vocation, an individual, and as a member of a health team. (8%)	
A. Scope of functions of licensed practical nurses.	
1. Range and limitations of functions	Will not be tested on leadership role.
2. Administrative lines	Will not be tested on administrative lines other than those which a licensed practical nurse used directly.
3. Problems that should be referred to the physician or the registered nurse	Will not be tested on details of differentiation of functions of professional workers in the health field.
B. Ethical responsibilities	
C. Legal responsibilities	
D. Basic principles of communication and cooperative action	Will not be tested on principles of group leadership.
E. Vocational growth	
1. Trends in nursing	Will not be tested on history other than general trends.
2. Authoritative sources of information in nursing	Will not be tested relative to fine distinctions among sources.
3. Roles and characteristics of nursing organizations	Will not be tested on details of structure or function of organizations other than aspects affecting practical nursing or licensed practical nurses.
Understands basic facts and principles of the natural and biological sciences and related terminology.	

Measurable Abilities	Limitations
I. (3%) Knows the signs of physical health and normal physical growth and development throughout the life cycle.	
A. Gross signs of physical health and development	
B. Optimum and normal health as differentiated from abnormal states	Will not be tested relative to subtle variations.
C. General physical needs	
D. General nutritional needs	Will not be tested on evaluation of diets in terms of measurements other than average servings.
E. General environmental needs	
V. (3%) Knows phycho-social facts and principles that are basic to individual adjustment and to safe nursing practice.	
V. (-7%) Knows the gross signs of emotional and mental health and development in all age groups, recognizes states of faulty adjustment, and understands general emotional needs and their possible effects on behavior.	Will not be tested on subtle variations in mental or emotional health, or on theories of psychological development.
I. (10%) Understands basic principles of human relations and knows what measures are likely to be helpful to persons under stress.	Will not be tested on psychotherapeutic concepts, formal nondirective techniques, or on subtle judgements relative to patients' readiness to learn.
I. (%) Knows the general causes, modes of transfer, and relative incidence of common diseases and abnormal conditions and understands methods for their prevention and control	Will not be tested on uncommon diseases or conditions, on the theory of immunity, or on details of preventive programs.
A. Important causes of, and factors predisposing to, diseases and abnormal conditions	
B. Transmission of disease	
C. Conditions which constitute major health problems	
D. Prevention and control of communicable diseases	
E. Prevention and control of noncommunicable diseases and conditions	
F. Roles of major organizations and agencies concerned with prevention and control of disease and maintenance and improvement of physical and mental health.	Will not be tested on details of structure or functions of the organizations.

Measurable Abilities	Limitations
II. Knows gross manifestations of common diseases and abnormal conditions	Will not be tested on uncommon conditions or any but the most important manifestations.
A. Symptoms and course	
B. Gross effects on the tissues	
C. Prognosis and complications	
IX. (3-20%) Knows purposes, effects, and dangers of common measures used: preventive, diagnostic, therapeutic, supportive, and rehabilitative.	Will not be tested on other than gross physiologic effects of treatments and medications.
X. (2-32%) Understands common nursing measures and knows how to carry out or assist with commonly used procedures (exclusive of VI).	
A. Selection of specific nursing measures in accordance with patient needs	Will not be tested on selection of complex nursing measures.
B. Differentiation between safe and unsafe modifications of nursing measures	Will not be tested on evaluation of procedures in terms of scientific principles.
C. Preparation for, implementation of, or assistance with measures used in care of patients	Will not be tested on calculated dosage problems and conversion between metric and apothecary systems. Will not be tested on evaluation of equipment in terms of scientific principles.
D. Reporting and recording	
E. Evaluation of priority of patients' needs based upon possible choices of nursing care	Will not be tested on ability to establish priorities of nursing care of patients with complex needs.

APPENDIX H

TEST PLAN FOR STATE BOARD TEST POOL EXAMINATION FOR REGISTERED NURSE LICENSURE ADOPTED BY THE COMMITTEE ON BLUEPRINT FOR LICENSING EXAMINATIONS OF THE ANA COUNCIL OF STATE BOARDS OF NURSING

JANUARY, 1976

The measurable abilities below are not mutually exclusive. A single test item may test subabilities under two or more of the major abilities. The range of percentage of items in each major ability in an Examination is included in parentheses.

I. (3-4%) Understands the registered nurse's accountability for practice.

- A. Range and limitations of functions of nurses, other groups in nursing and other members of health and related disciplines.
- B. Ethical responsibilities.
- C. Legal aspects.
- D. Principles of cooperative action and communication.
- E. Factors important for professional growth.
  1. Roles and characteristics of nursing organizations.
  2. Authoritative sources of information.
  3. Trends in nursing and related health fields.
- F. Administrative lines.

II. (7-10%) Understands principles and knows facts of the natural and biological sciences that are applicable to nursing practice and basic to plans for care.

- A. Chemistry and physics.
- B. Anatomy and physiology.
- C. Microbiology.
- D. Nutrition.

III. (4-6%) Recognizes physical health and understands physical needs throughout the life cycle.

- A. Normal physical development.
- B. Signs of deviations within normal physical health, as differentiated from abnormal.
- C. Physical needs.
- D. Nutritional needs.
- E. Environmental needs.

IV. (2-4%) Understands principles and knows facts of the social and behavioral sciences that are applicable to nursing practice and basic to plans for care. (Exclusive of the abilities included in categories V and VI.)

- A. Psychology.
- B. Sociology.

V. (7-9%) Recognizes mental and emotional health and understands emotional needs throughout the life cycle.

- A. Normal mental and emotional development.
- B. Signs of deviations within emotional and mental health and of normal adjustment to stress and anxiety, as differentiated from abnormal.
- C. Mental and emotional needs.
- D. Behavior in terms of needs; value and effects of self-directed actions; steps toward or away from emotional health; defenses and interpersonal dynamics.
- E. Effects of interpersonal or other influences and climates on emotional health.

VI. (10-12%) Understands effective human relations; knows what verbal and nonverbal measures are likely to be helpful to persons under stress, or with specific mental or emotional problems, and is able to use the measures or assist in their use.

A. Approaches that foster emotional maturation or promote emotional well-being.
B. Teaching, motivating, or orienting patients or others.
C. Consideration of inherent human rights and of ideas, beliefs and customs.
D. Useful verbal responses to meet specific emotional needs of patients or others.
E. Measures such as nonverbal responses or referrals to meet mental or emotional needs.
F. Priorities in needs of a patient with emotional problems, in terms of choices of care.

VII. (5-8%) Knows causes, modes of transfer, and incidence of diseases and abnormal conditions and understands methods for their prevention and control.

A. Causes of, and factors predisposing to, physical and mental diseases and abnormal conditions.
B. Transmission of diseases.
C. Incidence and relative importance of diseases and health problems.
D. Prevention and control of communicable diseases.
E. Prevention and control of noncommunicable diseases and conditions.
F. Roles and characteristics of organizations and agencies concerned with prevention and control of major health problems and maintenance and improvement of physical and mental health.

VIII. (11-14%) Knows manifestations of diseases and abnormal conditions, with major emphasis upon those which are common.

A. Symptoms and course of physical and mental diseases and abnormal conditions.
B. Pathology and its relationship to symptoms and progress.
C. Prognosis, including knowledge of reasonable goals for patients.
D. Complications and sequelae.

IX. (15-21%) Understands theory of nursing and medical care.

A. Purposes and effects of measures used: preventive, diagnostic, therapeutic (including diet, drug and other therapies), supportive, and rehabilitative.
B. Dangers and toxic or untoward effects of measures used.
C. Additional facts and principles related to measures used.

X. (21-25%) Understands what nursing measures are safe and effective and knows how to carry out or assist with commonly used procedures. (Exclusive of the abilities included in category VI.)

A. Assessment of patient's needs as a basis for selection of specific measures of care.
B. Evaluation of nursing procedures.
C. Planning for, implementation of, assistance with: preventive, diagnostic, therapeutic, supportive, and rehabilitative measures.
D. Reporting and recording.
E. Evaluation of priority of patients' needs based upon possible choices of nursing care.

APPENDIX I

RESPONSIBILITIES LISTED IN JOB DESCRIPTIONS FOR THE LICENSED PRACTICAL NURSE SUBMITTED BY DELAWARE COUNTY HEALTH INSTITUTIONS

I. Position: Licensed Practical Nurse

II. Definition: Perform a wide variety of patient care activities as directed by the charge nurse and/or team leader.

III. Qualifications:
- A. Graduation from an approved school of practical nursing.
- B. Current registration as a licensed practical nurse with the Pennsylvania State Board of Nurse Examiners, or eligible for licensure within one year.

IV. Responsibility:
- A. Provides nursing care for selected patients.
- B. Observe patient, recording and reporting pertinent facts to the appropriate person.
- C. Administer medications following the completion of a pharmacology course.
- D. Perform certain treatments and procedures as assigned, assist nursing and medical personnel in rendering treatments.
- E. Carry out medical asepsis as instructed on selected patients.
- F. Assist patients in activities of daily living.
- G. Record accurately and completely nursing care given.

APPENDIX J

RESPONSIBILITIES LISTED IN JOB DESCRIPTION FOR THE REGISTERED NURSE SUBMITTED BY DELAWARE COUNTY HEALTH INSTITUTIONS

I. Position: General Duty Nurse

II. Definition: Renders nursing care to patients on a nursing unit or in a specialty area.

III. Qualifications:
- A. Graduation from an approved school of nursing.
- B. Current registration as a registered nurse with the Pennsylvania State Board of Nurse Examiners, or eligible for licensure.

IV. Responsibility:
- A. Develop and implement nursing care plans based on scientific and nursing principles.
- B. Observe, record and report to the appropriate person symptoms and progress of assigned patients, assisting with or instituting remedial measures for any adverse changes in the patient.
- C. Administer medications as prescribed by the attending physician, noting any untoward reaction.
- D. Perform independent and dependent (as prescribed by medical authority) functions.
- E. Assist in patient and family teaching.
- F. Communicates and acts as liason between patient, family, physician hospital personnel and community agencies.
- G. Assist in patient education and rehabilitation, including the promotion of mental and physical health.
- H. Maintain accurate and complete record of nursing observations and care.
- I. Teaches and directs other professional and non-professional personnel for whom she is assigned responsibility.

APPENDIX K

EXPECTED TERMINAL BEHAVIOR OF THE ASSOCIATE DEGREE GRADUATE NURSE

PURPOSE: The graduate of an associate degree nursing program is a generalist, proficient in using a body of integrated knowledge as a basis for clinical judgment in nursing intervention. He is competent to function as a beginning practitioner in health care facilities.

OBJECTIVES:

At the completion of the program, the graduate will:

1. function as a competent beginning practitioner of nursing;
2. be guided by a humanistic philosophy that promotes the respect and acceptance of others;
3. function with an understanding of his accountability for practice as a graduate registered nurse;
4. apply principles of the bio-physical and psycho-social sciences in planning nursing intervention;
5. make sound judgments and decisions in assessing the individual's nursing needs;
6. demonstrate his understanding of the physiological and psychological components of illness by therapeutic intervention;
7. function independently within the limits of his preparation, capabilities and responsibilities;
8. perform nursing and other therapeutic measures skillfully and safely;
9. coordinate his activities with other members of the health team in administering health care to individuals;
10. participate actively in nursing organizations;
11. assume responsibility for continuing education to keep abreast of current nursing knowledge.

APPENDIX L

SUMMARY OF
PRACTICAL NURSE STUDENT RESPONSES
TO QUESTIONNAIRE
(N= 24)

STATEMENTS	Strongly Disagree	Mildly Disagree	Disagree	No Opinion	Agree	Mildly Agree	Strongly Agree
1. The DCCC nursing program should serve as a ladder to permit advancement from one level to another.		1	3		13		7
2. Opportunity for career advancement is essential to retain workers in the field of nursing.			1	1	7	2	13
3. Public policy implicit in Federal regulation and manpower demands that individuals be afforded the opportunity for advancement from the lowest to the highest level within the career of nursing.		1		3	11	1	8
4. Associate Degree Nursing programs have failed to provide mechanisms whereby the knowledge and skill of the licensed practical nurse could be assessed.	1		6	8	4	1	4
5. Development of a core curriculum leading into various health careers would improve the potentiality of mobility of health workers.			2	3	9		10
6. A system should be established whereby the LPN can get the additional education to move forward as rapidly as possible (i.e., within one year or less).			4	2	7	3	8
7. LPN's should be able to complete a performance based test to demonstrate their knowledge and competence and be appropriately placed in an associate degree nursing curriculum.	1		1	1	11	1	9
8. The combined graduates of all nursing education programs is inadequate to meet the current demands for nursing service now and in the next decade.	4	2	9	6	3		
9. Some nursing education programs are developing articulation programs that take into account differences in preparation and learning capacity among students.			5	7	10	1	1
10. A performance based practicum to evaluate the clinical competencies of LPN applicants should be developed	1			2	12		9
11. There is a core of knowledge basic to all health practitioners.					16	1	7
12. The job responsibilities identified by the employing agency for the graduate nurse are clearly different from those for the licensed practical nurse.	1	1	1	4	10	2	5

SUMMARY OF
LICENSED PRACTICAL NURSES
RESPONSES TO QUESTIONNAIRE
(N= 73)

STATEMENTS	Strongly Disagree	Mildly Disagree	Disagree	No Opinion	Agree	Mildly Agree	Strongly Agree
1. The DCCC nursing program should serve as a ladder to permit advancement from one level to another.		1	1	7	39	6	19
2. Opportunity for career advancement is essential to retain workers in the field of nursing.	1	2	2		25	5	38
3. Public policy implicit in Federal regulation and manpower demands that individuals be afforded the opportunity for advancement from the lowest to the highest level within the career of nursing.		1	5	7	26	8	26
4. Associate Degree Nursing programs have failed to provide mechanisms whereby the knowledge and skill of the licensed practical nurse could be assessed.	3	3	16	22	16	4	9
5. Development of a core curriculum leading into various health careers would improve the potentiality of mobility of health workers.		1		2	24	3	43
6. A system should be established whereby the LPN can get the additional education to move forward as rapidly as possible (i.e., within one year or less).	1	1	3	2	33	7	26
7. LPN's should be able to complete a performance based test to demonstrate their knowledge and competence and be appropriately placed in an associate degree nursing curriculum.			1	2	24	7	39
8. The combined graduates of all nursing education programs is inadequate to meet the current demands for nursing service now and in the next decade.	6	6	15	17	18	4	7
9. Some nursing education programs are developing articulation programs that take into account differences in preparation and learning capacity among students.	3	2	9	16	22	8	13
10. A performance based practicum to evaluate the clinical competencies of LPN applicants should be developed	1	2	4	4	31	7	24
11. There is a core of knowledge basic to all health practitioners.	2	1	8	3	13	8	38
12. The job responsibilities identified by the employing agency for the graduate nurse are clearly different from those for the licensed practical nurse.	14	6	10	13	20	4	6

SUMMARY OF
ASSOCIATE DEGREE NURSE STUDENT
RESPONSE TO QUESTIONNAIRE
(N= 62)

STATEMENTS	Strongly Disagree	Mildly Disagree	Disagree	No Opinion	Agree	Mildly Agree	Strongly Agree
1. The DCCC nursing program should serve as a ladder to permit advancement from one level to another.		2	2	11	24	4	19
2. Opportunity for career advancement is essential to retain workers in the field of nursing.	2	1	1	1	26	6	25
3. Public policy implicit in Federal regulation and manpower demands that individuals be afforded the opportunity for advancement from the lowest to the highest level within the career of nursing.		1	1	17	22	5	16
4. Associate Degree Nursing programs have failed to provide mechanisms whereby the knowledge and skill of the licensed practical nurse could be assessed.	10	3	12	18	5	6	8
5. Development of a core curriculum leading into various health careers would improve the potentiality of mobility of health workers.	1	1		3	21	13	23
6. A system should be established whereby the LPN can get the additional education to move forward as rapidly as possible (i.e., within one year or less).		1	2	4	29	6	20
7. LPN's should be able to complete a performance based test to demonstrate their knowledge and competence and be appropriately placed in an associate degree nursing curriculum.	2	2	3	6	21	8	20
8. The combined graduates of all nursing education programs is inadequate to meet the current demands for nursing service now and in the next decade.	6	16	20	7	8	4	1
9. Some nursing education programs are developing articulation programs that take into account differences in preparation and learning capacity among students.	3		1	21	26	7	4
10. A performance based practicum to evaluate the clinical competencies of LPN applicants should be developed.	2	2	5	14	13	7	17
11. There is a core of knowledge basic to all health practitioners.	3	3	4	13	14	3	22
12. The job responsibilities identified by the employing agency for the graduate nurse are clearly different from those for the licensed practical nurse.		3	7	13	26	5	8

SUMMARY OF
SUPERVISORY NURSE RESPONSE
TO QUESTIONNAIRE
(N= 60)

STATEMENTS	Strongly Disagree	Mildly Disagree	Disagree	No Opinion	Agree	Mildly Agree	Strongly Agree
1. The DCCC nursing program should serve as a ladder to permit advancement from one level to another.	1		2	12	17	6	22
2. Opportunity for career advancement is essential to retain workers in the field of nursing.			3	3	20	2	32
3. Public policy implicit in Federal regulation and manpower demands that individuals be afforded the opportunity for advancement from the lowest to the highest level within the career of nursing.		1	6	12	20	5	16
4. Associate Degree Nursing programs have failed to provide mechanisms whereby the knowledge and skill of the licensed practical nurse could be assessed.	5		5	16	13	8	13
5. Development of a core curriculum leading into various health careers would improve the potentiality of mobility of health workers.			3	4	26	5	22
6. A system should be established whereby the LPN can get the additional education to move forward as rapidly as possible (i.e., within one year or less).	1	1	1	3	27	9	18
7. LPN's should be able to complete a performance based test to demonstrate their knowledge and competence and be appropriately placed in an associate degree nursing curriculum.	6	2	3	1	18	4	26
8. The combined graduates of all nursing education programs is inadequate to meet the current demands for nursing service now and in the next decade.	7	1	9	13	9	5	16
9. Some nursing education programs are developing articulation programs that take into account differences in preparation and learning capacity among students.		1	4	26	18	3	8
10. A performance based practicum to evaluate the clinical competencies of LPN applicants should be developed	1			7	24	3	25
11. There is a core of knowledge basic to all health practitioners.	4	1	7	3	14	5	26
12. The job responsibilities identified by the employing agency for the graduate nurse are clearly different from those for the licensed practical nurse.	2		14	3	21	3	17

SUMMARY OF
PRACTICAL NURSE INSTRUCTOR
RESPONSES TO QUESTIONNAIRE
(N= 10)

STATEMENTS	Strongly Disagree	Mildly Disagree	Disagree	No Opinion	Agree	Mildly Agree	Strongly Agree
1. The DCCC nursing program should serve as a ladder to permit advancement from one level to another.				1	5	1	3
2. Opportunity for career advancement is essential to retain workers in the field of nursing.			2		3		4
3. Public policy implicit in Federal regulation and manpower demands that individuals be afforded the opportunity for advancement from the lowest to the highest level within the career of nursing.			2	2	3		3
4. Associate Degree Nursing programs have failed to provide mechanisms whereby the knowledge and skill of the licensed practical nurse could be assessed.			3	2	2	2	1
5. Development of a core curriculum leading into various health careers would improve the potentiality of mobility of health workers.			1		4	2	3
6. A system should be established whereby the LPN can get the additional education to move forward as rapidly as possible (i.e., within one year or less).		1	2		4	1	2
7. LPN's should be able to complete a performance based test to demonstrate their knowledge and competence and be appropriately placed in an associate degree nursing curriculum.				1	5	1	3
8. The combined graduates of all nursing education programs is inadequate to meet the current demands for nursing service now and in the next decade.		1	4	3			2
9. Some nursing education programs are developing articulation programs that take into account differences in preparation and learning capacity among students.	1	1		3	4		1
10. A performance based practicum to evaluate the clinical competencies of LPN applicants should be developed				1	5	1	3
11. There is a core of knowledge basic to all health practitioners.				1	3	3	3
12. The job responsibilities identified by the employing agency for the graduate nurse are clearly different from those for the licensed practical nurse.		1	2	1	3	1	2

SUMMARY OF
ASSOCIATE DEGREE NURSE INSTRUCTOR
RESPONSES TO QUESTIONNAIRE
(N= 15)

STATEMENTS	Strongly Disagree	Mildly Disagree	Disagree	No Opinion	Agree	Mildly Agree	Strongly Agree
1. The DCCC nursing program should serve as a ladder to permit advancement from one level to another.				2	4		9
2. Opportunity for career advancement is essential to retain workers in the field of nursing.					7		8
3. Public policy implicit in Federal regulation and manpower demands that individuals be afforded the opportunity for advancement from the lowest to the highest level within the career of nursing.				6	3		6
4. Associate Degree Nursing programs have failed to provide mechanisms whereby the knowledge and skill of the licensed practical nurse could be assessed.	1		4	3	3		4
5. Development of a core curriculum leading into various health careers would improve the potentiality of mobility of health workers.			2	2	3	2	6
6. A system should be established whereby the LPN can get the additional education to move forward as rapidly as possible (i.e., within one year or less).	1	1	2		4		7
7. LPN's should be able to complete a performance based test to demonstrate their knowledge and competence and be appropriately placed in an associate degree nursing curriculum.			3	2	3	1	6
8. The combined graduates of all nursing education programs is inadequate to meet the current demands for nursing service now and in the next decade.	1	1	4	3	4	2	
9. Some nursing education programs are developing articulation programs that take into account differences in preparation and learning capacity among students.				3	6	2	4
10. A performance based practicum to evaluate the clinical competencies of LPN applicants should be developed			1	3	2	3	6
11. There is a core of knowledge basic to all health practitioners.				2	5	2	6
12. The job responsibilities identified by the employing agency for the graduate nurse are clearly different from those for the licensed practical nurse.	1		5	2	1	4	2

SUMMARY OF
MEMBERS OF COMMUNITY RESPONSES
TO QUESTIONNAIRE
(N= 110)

STATEMENTS	Strongly Disagree	Mildly Disagree	Disagree	No Opinion	Agree	Mildly Agree	Strongly Agree
1. The DCCC nursing program should serve as a ladder to permit advancement from one level to another.		4	3	18	46	12	27
2. Opportunity for career advancement is essential to retain workers in the field of nursing.		11	5	12	31	13	38
3. Public policy implicit in Federal regulation and manpower demands that individuals be afforded the opportunity for advancement from the lowest to the highest level within the career of nursing.			2	25	29	18	36
4. Associate Degree Nursing programs have failed to provide mechanisms whereby the knowledge and skill of the licensed practical nurse could be assessed.	5	4	22	43	23	10	3
5. Development of a core curriculum leading into various health careers would improve the potentiality of mobility of health workers.		1		4	36	6	63
6. A system should be established whereby the LPN can get the additional education to move forward as rapidly as possible (i.e., within one year or less).			2	7	54	11	36
7. LPN's should be able to complete a performance based test to demonstrate their knowledge and competence and be appropriately placed in an associate degree nursing curriculum.	1		5	11	49	12	32
8. The combined graduates of all nursing education programs is inadequate to meet the current demands for nursing service now and in the next decade.	8	7	27	31	26	3	8
9. Some nursing education programs are developing articulation programs that take into account differences in preparation and learning capacity among students.		2	14	44	26	13	11
10. A performance based practicum to evaluate the clinical competencies of LPN applicants should be developed			3	21	51	8	27
11. There is a core of knowledge basic to all health practitioners.		1	6	22	46	16	19
12. The job responsibilities identified by the employing agency for the graduate nurse are clearly different from those for the licensed practical nurse.	2		11	32	38	11	16

SUMMARY
OF
RESPONSES TO QUESTIONNAIRE
(N= 354)

STATEMENTS	Strongly Disagree	Mildly Disagree	Disagree	No Opinion	Agree	Mildly Agree	Strongly Agree
1. The DCCC nursing program should serve as a ladder to permit advancement from one level to another.	1	4	6	6	129	28	170
2. Opportunity for career advancement is essential to retain workers in the field of nursing.	3	15	14	17	119	28	154
3. Public policy implicit in Federal regulation and manpower demands that individuals be afforded the opportunity for advancement from the lowest to the highest level within the career of nursing.		4	16	72	114	37	111
4. Associate Degree Nursing programs have failed to provide mechanisms whereby the knowledge and skill of the licensed practical nurse could be assessed.	25	10	68	112	66	31	42
5. Development of a core curriculum leading into various health careers would improve the potentiality of mobility of health workers.	1	7	13	53	142	32	106
6. A system should be established whereby the LPN can get the additional education to move forward as rapidly as possible (i.e., within one year or less).	10	8	33	43	112	36	122
7. LPN's should be able to complete a performance based test to demonstrate their knowledge and competence and be appropriately placed in an associate degree nursing curriculum.	10	4	16	24	131	34	135
8. The combined graduates of all nursing education programs is inadequate to meet the current demands for nursing service now and in the next decade.	32	34	88	80	68	18	34
9. Some nursing education programs are developing articulation programs that take into account differences in preparation and learning capacity among students.	7	6	33	120	112	34	42
10. A performance based practicum to evaluate the clinical competencies of LPN applicants should be developed	7	14	13	42	138	29	111
11. There is a core of knowledge basic to all health practitioners.	2	3	8	19	167	39	116
12. The job responsibilities identified by the employing agency for the graduate nurse are clearly different from those for the licensed practical nurse.	20	11	50	68	119	30	56

APPENDIX M

ADDITIONAL COMMENTS

PRACTICAL NURSE STUDENT

Would like to continue education, financially unable to attend baccalaureate program.

Lack of cooperation between types of programs of articulation.

Required courses in Anatomy and Physiology, Microbiology, etc, should be made available on a part time student basis.

Classes during evening and weekend should be provided.

There is more than just nursing education involved in making an LPN into an R.N., psychological understanding, too.

LICENSED PRACTICAL NURSE

An LPN with experience of two or more years should be evaluated for entrance at a higher level than a new graduate LPN.

Judgment should be strictly on the individual.

The nursing field needs a lot of organization. One school produces one type of nurse, another produces another type. One should be educated by what skills they do have, since these skills are varied.

Need one year or longer to be a good course.

ASSOCIATE DEGREE NURSE STUDENT

These questions could be more accurately answered by a statistician in the health field or an administrator in that field.

Program might cause too much competition among students.

LPN should be able to get credit by challenge examination.

A lot of aides became an LPN and carry unfavorable practice. In some cases, bad habits have to be unlearned.

SUPERVISORY NURSE

Just because a person enters a school to pursue a health related education persuant to an associate degree in nursing (or any degree) does not qualify that one as a nurse.
A real nurse is a special person (I.e., compassionate, congenial, concerned and caring, combined with an immense amount of common sense). She must be willing to stoop, yet capable of supervision and accepting and handling responsibility. Nursing is a profession and not everyone can handle it. I believe we are permitting students to enter the nursing profession who are working at it as a job, rather than a genuine love for humanity. This is why I feel more stringent rules for acceptance into nursing are long overdue, yet extremely necessary if we are to maintain our professional status.

The "basic core" of knowledge is not as total or strong as it should be. There's a big difference between performance of activities and knowledge of why they are done, but there definitely should be.
I was in an ADN program that allowed for total advancement at a rate that was individualized - but the entrance screening was not stringent enough. There are many difficulties with people who didn't have enough basic science or reading skills to allow them to advance at any rate of speed to keep up with the curriculum. It prooved frustrating to them and to those who should advance very fast---a really good screening program is necessary

In addition to testing clinical competency, there should be a tool provided to evaluate theoretical concepts as taught in AD programs. At present, practical nursing and technical nursing do not have the same basic philosophy.

All associate degree nurses should work as nurse aides on some of their time off to get more practice in bedside nursing and responsibilities.

So much depends on the evaluation test planned to separate the shaft from the wheat before I could be sure of the feasibility of such a program.

I believe ADN program should be basic LPN should also have BSN basic for nursing with upward mobility a possibility for all programs.

I believe that the schools in the area should provide programs where the LGPN would receive some credit for the previous educational and clinical experience. If such a program would be established I think many LGPN's would take advantage of it.

The associate degree program should serve as a ladder to permit advancement from one level to another, only in part of the total program.

Salary increases as well as career advancement would also help retain workers in the field of nursing.

Not all employing agencies differentiate between the duties of the licensed practical nurse and the registered nurse.

LICENSED PRACTICAL NURSE INSTRUCTOR

Clinical competencies - ambigious- could mean many things with various degrees of understanding.

There are changing needs for the registered nurse, also inadequate nurse is a regional problem.

Licensed practical nurses should be tested for both theoretical knowledge and clinical competency

ASSOCIATE DEGREE NURSE INSTRUCTOR

Assessment should not be only performance based.

Job responsibilities are minimally differentiated. The differences between the LPN and the RN are often waived or overlooked.

It is my considered opinion that the shortage of nursing personnel would not be nearly as acute (as is claimed) if, in fact, personnel were utilized with greater discretion, in nursing services.

Since I have participated in some planning relative to the implementation of Primary Nursing Care, I am aware that this does not provide for the use of the LPN and feel that "nursing" owes this person the opportunity to move into the realm of technical nursing, rather than losing this LPN to the "health care field." I realize that this plan (Primary Nursing on every patient) is not wholly feasible at this time, having seen how nursing has moved in its direction in the past twenty five years --slowly-- I know, but moved--I feel this plan might some day be a mode of nursing and therefore eliminate the LPN. Therefore, articulation programs would be necessary.

Other programs as well as Associate Degree Nursing programs have failed to provide the necessary mechanisms whereby the knowledge and skill of the LPN could be assessed.

I think there is too much variability in the quality of the LPN programs thus, the LPN should not move forward in less than one year.

The job responsibilities of the associate degree nurse and the licensed practical nurse should be different, but I see little difference in assignments, etc.

The student should be able to move forward as rapidly as possible at the person's own speed.

To enter the program, the student should have the capacity to learn.

An LPN is not equipped with education equal to that of the registered nurse.

The licensed practical nurse and the registered nurse are not all clearly different in employing agencies.

MEMBER OF THE COMMUNITY

There should be a special program for the licensed practical nurse to become a registered nurse. With a community college, why is this not built into the program.

All nursing programs should be open-ended to provide an opportunity for those who wish to continue to develop their skills.

The similarities of their responsibilities should be identified and a plan to progres be built on the differences.

APPENDIX N

TERMINAL BEHAVIORS OF THE ASSOCIATE DEGREE NURSE
COMPARED TO THE MAJOR ABILITIES TESTED BY
THE STATE BOARD OF NURSE EXAMINERS

TERMINAL BEHAVIORS	ABILITIES TESTED
1. Function as a competent beginning practitioner of nursing.	1. Understands theory of nursing and medical care.
2. Be guided by a humanistic philosophy that promotes the respect and acceptance of others.	2. Understands effective human relations.
3. Functions with an understanding of his accountability for practice as a graduate registered nurse.	3. Understands the registered nurses' accountability for practice.
4. Apply principles of the bio-physical and psycho-social sciences in planning nursing intervention.	4. Understans principles and known facts of the social and behavioral sciences that are applicable to nursing practice and basic to plans of care. Understands principles and known facts of the natural and biological sciences that are applicable to nursing practice and basic to plans of care.
5. Make sound judgments and decisions in assessing the individual's nursing needs.	5. Knows causes, modes of transfer and incidence of diseases and abnormal conditions and understands methods for prevention and control. Know manifestations of disease and abnormal conditions, with major emphasis upon those which are common.
6. Demonstrate his understanding of the physiological components of illness by therapeutic intervention.	6. Recognizes physical health and understands physical needs throughout the life cycle. Recognizes mental and emotional health and understands emotional needs throughout the life cycle.
7. Function independently within the limits of his preparation, capabilities and responsibilities.	7. Understands theory of nursing and medical care.

TERMINAL BEHAVIORS	ABILITIES TESTED
8. Perform nursing and other therapeutic measures skillfully and safely.	8. Understands what nursing measures are safe and effective and knows how to carry out or assist with commonly used procedures.
9. Coordinates his activities with other members of the health team in administering health care to individuals.	
10. Participates actively in nursing organizations.	
11. Assume responsibility for continuing education to keep abreast of current nursing knowledge.	

APPENDIX O

OBJECTIVES OF THE DELAWARE COUNTY COMMUNITY COLLEGE NURSING PROGRAM

At the completion of the program, the graduate will:

1. function as a competent beginning practitioner of nursing;
2. be guided by a humanistic philosophy that promotes the respect and acceptance of others;
3. evaluate nursing situations objectively;
4. make sound judgments and decisions in planning, implementing and evaluating nursing care;
5. apply principles of the physical, biological, social and behavioral sciences in nursing intervention;
6. demonstrate his understanding of the psychological and emotional components of illness by therapeutic intervention;
7. communicate effectively;
8. function independently within the limits of his preparation. capabilities and responsibilities;
9. assume responsibility for his actions;
10. coordinate his activities with other members of the health team in meeting patient needs;
11. participate actively in nursing organizations; and
12. assume responsibility for continuing education to keep abreast of current nursing knowledge.

ORIENTATION

CENTRAL OBJECTIVE: The student will: describe the roles and functions of both legal and quasi-legal agencies that have direct effect on the nature and structure of nursing education programs; identify the approval and accreditation processes that have been completed by DCCC nursing program; define mandatory and permissive licensure; and describe bases for legal action that can be taken against the nurse practitioner.

TIME: 3 hours

OBJECTIVE	CONTENT	LEARNER ACTIVITIES
The student will:		
Describe the roles and functions of both legal and quasi-legal agencies that have direct effect on the nature and structure of nursing education programs.	I. Legal Agencies A. State Board of Nurse Examiners 1. Legal agency created by State Legislature 2. Composition 3. Responsibilities defined by Nurse Practice Act II. Quasi-Legal Agencies A. American Nurses' Association 1. State association 2. Major functions B. National League for Nursing 1. State leagues 2. Major functions C. "Middle States" D. Student Nurse Association of Pennsylvania (SNAP)	Rules and Regulations of the State Board of Nurse Examiners for Programs of Professional and Technical Nursing. Criteria for the Evaluation of Associate Degree Nursing Programs. Read: Role of ANA and AJN.
Identify the approval and accreditation processes that have been completed by Delaware County Community College (DCCC) Nursing Program.	III. DCCC Nursing Program in Terms of Relationships With Above Agencies A. Approval status B. Accreditation status	

DIRECTIONS FOR MODULE I

Read the underlying principles, objectives and vocabulary for the module.
Listen to assigned audio tapes.
View films as assigned.

If you have previously learned facts about legal aspects you may discuss with your instructor the possibility of completing the pre-test. In the written pre-test, you will answer with a minimum 80 per cent accuracy questions related to the following criterion behaviors.

If 80 per cent or better mastery is not obtained, complete the learning activities and readings (those with an asterisk are required readings). Following completion of the learning activities and reading, the student will take the post test and complete it with a minimum 80 per cent accuracy questions related to the criterion behaviors.

REMEMBER: COMMUNICATE - ASK QUESTIONS: SEEK HELP WHEN YOU NEED IT.

CRITERIA: LEGAL ASPECTS - PRE AND POST ASSESSMENT

Following completion of this module, you will be able to:

I. Describe the role and function of:
   A. State Board of Nurse Examiners
   B. American Nurses Association
   C. National League for Nursing
   D. Student Nurse Association of Pennsylvania

II. Identify the status of Delaware County Community College Nursing Program as to:
   A. Approval by the State Board of Nurse Examiners
   B. Accreditation by the National League for Nursing

III. Contrast mandatory, permissive and institutional licensure.

IV. Describe "torts" as it relates to nurse practice.

V. Describe "negligence and malpractice" as it relates to nurse practice.

VI. Describe "crimes" in relation to nurse practice.

VII. Describe the responsibility of a person who witnesses a will in relation to nursing.

VIII. Cite an example of a privileged act.

IX. Describe the purpose of a code of ethics.

X. Define the words listed in the vocabulary.

PRE TEST: MODULE I

I. 1. The State Board of Nurse Examiners is:
   A. Made up of a group of individuals interested in nursing.
   B. Concerned only with licensing graduates of practical and professional programs.
   C. Responsible for approving the practical and nursing education programs in the state.

2. The American Nurses Association:
   A. Publishes the Nursing Outlook.
   B. Has both nurse and interested individuals as members.
   C. Develops test material for accreditation of educational programs.
   D. Is an organization of registered professional nurses.

3. The National League for Nursing is:
   A. An organization whose membership is open only to registered professional nurses.
   B. Is the accrediting agency for schools of practical and professional nursing.
   C. Is responsible for reviewing State Boards of Nurse Examiners.

4. A mandatory Nurse Practice Act:
   A. Has been legislated in each of the fifty states.
   B. Provides for an approved health institution to license nurse practitioners.
   C. Forbids anyone not licensed to practice the profession of nursing.
   D. Forbids anyone to say licensed nurse if they are not licensed.

5. The branch of law which deals with negligent conduct is a part of the law of:
   A. Crimes
   B. Torts
   C. Contracts

6. A legal nurse patient relationship is based upon:
   A. The provision of nursing care to a consenting patient.
   B. The provision of nursing care to someone by a person with a registered professional nurse license.
   C. The provision of nursing care in any nurse patient relationship.

7. A nurse in a given situation is judged as acting with reasonable care mainly by:
   A. The extensiveness of her education and experience.
   B. The degree to which she adhered to a doctor's orders or followed hospital routine.
   C. Her conduct compared with that of other nurses with similar education.
   D. Whether it is an emergency situation.

8. A nurse is deemed negligent if:
   A. She cuts a patient's hair without his or her consent.
   B. She fails to respond or to ask someone else to respond promptly to a patient's call light or signal, if because of such failure, a patient attempts to take care of his own needs and is injured.
   C. She ejects a visitor from a patient's room without the patient's consent.
   D. She forces an undernourished adult to eat her prescribed diet.

9. All other things being equal, the best thing a nurse can do to forestall the possibility of malpractice claims is to:
   A. Stress the psychosocial aspects of patient care, even if there is a resultant degree of inattention to physical needs.
   B. Regard the patient as someone with physical and psychosocial needs which she should treat in a competent manner.
   C. Place emphasis on meeting the patient's physical needs in an competent manner.

10. A nurse can be the defendant and charged with "crime" if:
   A. She fails to raise the siderails on the bedside of a confused patient and the patient falls sustaining a fractured hip.
   B. She administers an unordered narcotic which extends the hospital stay of the patient.
   C. She discusses with individuals other than hospital personnel the extent of a patient's illness.
   D. Fails to administer aspirin, as ordered, because the patient was not complaining of pain.

11. Code of ethics is:
   A. A guide of responsibility for individual action delegated to the nurse.
   B. A guide to individual competence required in nursing practice.
   C. A guide to standard of conduct based on moral judgment guiding nursing conduct.

12. Assault as defined legally is:
   A. Carelessness resulting in injury to the patient.
   B. An illegal act against society.
   C. An attempt to use force or violence with an intent to injure another.
   D. A crime of a serious nature.

II. Choose the correct answer for the following. Place an "A" if assault applies and a "N" if negligence applies.

1. ____ Cutting a patient's hair or having it cut without his or her consent.

2. ____ Careless attention to a patient's personal belongings.

3. ____ Forcing a patient to submit to a treatment for which he has not given his consent either expressly in writing, orally, or by complication.

4. ____ Failure to respond or to ask someone else to respond promptly to a patient's call light or signal, if because of such failure, a patient attempts to take care of his own needs and is injured.

5. ____ Lifting a protesting patient from his bed to a wheelchair or stretcher.

6. ____ Threatening to strike or actually striking an unruly patient, except in self-defense.

7. ____ Failure to use adequate precautions to protect the patient against injury.

8. ____ Ejecting a visitor from a patient's room without the patient's consent.

9. ____ Failure to carry out orders for treatments or medication.

10. ____ Failure to take whatever steps are necessary in certain emergencies to protect the victim from further injury until medical care is available.

III. Practicum:

Respond appropriately to a legal situation presented by your instructor. Evaluation of response will be considered as to nursing and legal principles mentioned.

PRACTICUM - MODULE I: LEGAL ASPECTS

Directions: Respond appropriately with 80 per cent accuracy to the following legal situation. Take no more than twenty minutes to formulate an answer.

Situation 1

Nursing Student A, following confirmation by graduate nurse in charge of the unit, administered an aspirin to a Ms. N. who complained of a severe headache. There was no written order on the patient's chart for the drug. The patient responded unfavorably and developed a severe rash requiring longer hospitalization. The estate of Ms. N. sued the nursing student for malpractice.

Response:

1. The nursing student is personally responsible for her own acts.
2. Administering a medication that has not been ordered constitutes malpractice.
3. The nursing student can be sued for malpractice.

PRACTICUM - MODULE I: LEGAL ASPECTS

Directions: Respond appropriately with 80 per cent accuracy to the following legal situations. Take no more than twenty minutes to formulate an answer.

Situation 2

First semester Nursing Student B was instructed to catheterize Mrs. M. Although she had not been taught this nursing skill, Nursing Student B catheterized Mrs. M. Subsequently, the patient developed a bladder infection. Nursing Student B was named the plaintiff in a lawsuit brought by Mrs. M. accusing the student of malpractice.

Response:

1. The nursing student is personally responsible for her own acts.
2. Catheterizing a patient prior to being instructed in this nursing technique constitutes malpractice.
3. The nursing student can be named the defendant in a malpractice suit.

PRACTICUM - MODULE I: LEGAL ASPECTS

Directions: Respond appropriately with 80 per cent accuracy to the following legal situation. Take no more than twenty minutes to formulate an answer.

Situation 3A

Nurse B placed a heat cradle over the infected leg of Mr. X. The written order read that heat cradle should be a minimum of 6" from the patient's leg and left in position for 20' out of each hour. Nurse B's next task took longer than she had anticipated and upon removal of the lamp, the patient complained of severe pain and a feeling of extreme burning. Mrs. B was named defendant in a malpractice suit with Mr. X the plaintiff.

Response:

1. Nurse B is responsible for her own acts.

2. The comfort and safety of the patient is one of the nurses fundamental responsibilities.

3. A prudent nurse would remove the heat cradle at the designated time. By jeopardizing the safety of the patient, Nurse B can be liable as the defendant in a malpractice suit.

PRACTICUM - MODULE I: LEGAL ASPECTS

Directions: Respond appropriately with 80 per cent accuracy to the following legal situation. Take no more than twenty minutes to formulate an answer.

Situation 3B

The Commonwealth of Pennsylvania has a statute which provides that only a physician or dentist may prescribe, administer or dispense drugs. Violation of this statute is made a crime, punishable by fine or imprisonment or both.

Doctor L ordered a specified quantity of a pain killing narcotic to be given one time at a specific time to Mrs. O. Nurse N. administered the drug as directed. Five hours later, the patient complained of severe pain. Nurse N. was unable to contact Doctor L. She nevertheless administered the specified quantity of the pain killing narcotic a second time. The patient lapsed into a comatose state, and expired within a short lapse of time. The estate of Mrs. O. named Nurse N. defendant in a lawsuit.

Response:

1. Nurse N. is responsible for her own acts.
2. By prescribing a narcotic drug for a patient Nurse N. violated the Commonwealth statute.
3. Nurse N. can be held criminally liable for violating the commonwealth's narcotic drug statute.

PRACTICUM - MODULE I: LEGAL ASPECTS

Directions: Respond appropriately with 80 per cent accuracy to the following legal situation. Take no more than twenty minutes to formulate an answer.

Situation 4

Nurse D. knocked over an I.V. stand in a patient's room. The stand struck the ankle of her patient, Mrs. H. Mrs. H. sustained a fracture of the right ankle requiring her to be hospitalized an additional ten days. Nurse D. was named defendant in a malpractice lawsuit filed by Mrs. H.'s attorney.

Response:

1. Nurse D. is responsible for her own acts.

2. The comfort and safety of her patient is one of the nurse's fundamental responsibilities.

3. The proper positioning of an IV stand is a function the prudent nurse would normally be expected to perform with care to assure the patient's safety and welfare. By jeopardizing the patient's safety, Nurse D. can be liable as the defendant in a malpractice suit.

PRACTICUM - MODULE I: LEGAL ASPECTS

Directions: Respond appropriately with 80 per cent accuracy to the following legal situation. Take no more than twenty minutes to formulate an answer.

Situation 5

Nurse S. was assigned responsibility for placing a hot water bottle on the right leg of Mrs. J. She was observed testing the water by tapping a few drops on her wrist. Following removal of the hot water bottle it was evident that Mrs. J. had sustained a second degree burn. Nurse S. was named defendant in a malpractice suit filed by Mrs. J's attorney.

Response:

1. Nurse S. is responsible for her own acts.

2. The comfort and safety of the patient is one of the nurse's fundamental responsibilities.

3. A prudent nurse would test the water temperature with a bath thermometer prior to placing a hot water bottle on any patient. By jeopardizing the safety of the patient, Nurse S. can be liable as the defendant in a malpractice suit.

PRACTICUM - MODULE I: LEGAL ASPECTS

Directions: Respond appropriately with 80 per cent accuracy to the following legal situation. Take no more than twenty minutes to formulate an answer.

Situation 6

Nurse L. interpreted an illegible medication order to read Lente insulin U60 rather than U10 as written by the attending physician. She administered U60 to Mr. J. and four hours later the patient was in insulin shock. Mr. J.'s attorney filed a lawsuit naming Nurse L. liable for malpractice.

Response:

1. Nurse L. is responsible for her own acts.

2. Nurse L. failed to exercise reasonable care as she failed to question the physician concerning an illegible medication order.

3. In failing to exercise reasonable care as would any prudent nurse, Nurse L. can be named the defendant in a malpractice suit.

PRACTICUM - MODULE I: LEGAL ASPECTS

Directions: Respond appropriately with 80 per cent accuracy to the following legal situation. Take no more than twenty minutes to formulate an answer.

Situation 7

Nurse M. administered Seconal gr. ISS to a geriatric patient, Mr. F. She failed to raise the siderail. One hour later Mr. F. fell from the bed to the floor and sustained a fracture of the left hip and left wrist. Nurse M. was named defendant in a lawsuit and claimed negligent.

Response:

1. Nurse M. is responsible for her own acts.

2. Nurse M.'s negligent conduct resulted in a fall of the patient in which injury was sustained.

3. In failing to assure the safety of the patient, as would any prudent nurse, Nurse M. can be liable as the defendant in negligence action.

PRACTICUM - MODULE I: LEGAL ASPECTS

Directions: Respond appropriately with 80 per cent accuracy to the following legal situation. Take no more than twenty minutes to formulate an answer.

Situation 8

Nurse O. assisted Mrs. N., a confused patient to a lounge chair in the patient's room. Mrs. N.'s roommate cried out in pain. Nurse O. left Mrs. N. unattended and went to the aid of the other patient. Mrs. N. attempted to walk, fell and fractured her right leg. Mrs. N.'s attorney filed a lawsuit naming Nurse N. as negligent.

Response:

1. Nurse O. is responsible for her own actions.

2. Nurse O.'s negligent conduct resulted in a fall of the patient in which injury was sustained.

3. In failing to assure the safety of the patient, as would any prudent nurse, a negligent action can be brought against Nurse O.

PRACTICUM - MODULE I: LEGAL ASPECTS

Directions: Respond appropriately with 80 per cent accuracy to the following legal situation. Take no more than twenty minutes to formulate an answer.

Situation 9

Nurse H. and Nursing Assistant transferred an elderly patient, Mr. R., from a wheelchair to a bed. In transferring the patient, his arm slipped between the bed and stretcher. The patient sustained a fracture of the wrist. Mr. R.'s attorney filed a lawsuit naming Nurse H. as defendant.

Response:

1. Nurse H. is responsible for her own actions.

2. Nurse H.'s negligent conduct (failure to protect the patient from injury) resulted in harm to the patient.

3. In failing to assure the safety of the patient, as would any prudent nurse, a negligent action can be brought against Nurse H.

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PRE TEST: KEY - MODULE I

Section I

1. C
2. D
3. B
4. C
5. B
6. A
7. C
8. B
9. B
10. B
11. C
12. C

Section II

1. A
2. N
3. A
4. N
5. A
6. A
7. N
8. A
9. N
10. N

MODULE I: VOCABULARY

1. Assault
2. Battery
3. Common Law
4. Constitutional Law
5. Crime
6. Defendant
7. Ethics
8. Felony
9. Good Samaritan Law
10. Invasion of Privacy
11. Law
12. Lawsuit
13. Liable
14. Libel
15. Malpractice
16. Mandatory Nurse Practice Act
17. Misdemeanor
18. Negligence
19. Permissive Nurse Practice Act
20. Plaintiff
21. Privilege
22. Slander
23. Statuatory Law
24. Tort
25. Will

MODULE I - DEFINITIONS OF VOCABULARY WORDS

Assault -	intentional and unlawful threat to physically injure another, sufficient to create fear of imminent peril, and apparent ability to carry out the threat.
Battery -	unlawful touching of another without his authority.
Common Law -	judicially created principles - evolved from noted decisions made in previous cases.
Constitutional Law -	statutes, legislation and constitution.
Crime -	is primarily a wrong against the public although the crime may be the result of wrongful conduct against a person or his property - is a wrong which is punishable by state or federal government.
Defendant -	party against whom a complaint is made - one who is allegedly responsible.
Ethics -	a set of moral principles or values.
Felony -	crime of a serious nature.
Good Samaritan Law -	absolving from legal involvement those who help another in distress.
Invasion of Privacy -	public disclosure of private facts, (i.e., information or photographs of a highly personal nature published without consent of the person claiming invasion).
Law -	rule of conduct pronounced by a controlling authority, which may be enforced.
Lawsuit -	a case in law; a case before a court.
Libel -	defamatory statements expressed in print.
Malpractice -	doing what not authorized to do (i.e., nurse treating patient medically or prescribing medications).
Mandatory Nurse Practice Act -	forbids anyone not licensed to practice profession
Misdemeanor -	a crime less serious than a felony (misdeed).
Negligence -	failure of use of care which a person of ordinary prudence(sensible, sane, wise in action or judgment) would use under the same circumstances.

Permissive Nurse Practice Act -	does not forbid but forbids them to say licensed if not licensed.
Plaintiff -	individual claiming damages.
Privilege -	right or immunity granted as a paculiar benefit, advantage or favor.
Slander -	intentional, defamatory words tending to prejudice another in his reputation, office, trade or business
Statuatory Law -	enacted by a legislative body.
Tort -	theory of liability for harm resulting from unreasonable conduct among individuals.
Will -	written declaration of what a man desires to have done with his possessions upon his death.

READING:

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4. Fuerst, Elinor V. and LuVerne Wolfe. Fundamentals of Nursing, 5th ed. Philadelphia: W. B. Saunders Company, 1974. pp. 37-46.

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7. Springer, Eric W. (Editor, Health Law Center). Nursing and The Law. Pittsburgh: Aspen Systems Corporation, 1970.

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Reserve Booklet:

*A. Institutional Licensure
*B. Nurse Practice Act: Commonwealth of Pennsylvania
*C. Nursing Practice Acts
*D. The Biography of a Bill
*E. The Patient's Bill of Rights

REFERENCES WITH AN ASTERISK ARE REQUIRED.

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*2. "Code for Nurses," A.J.N., 68:2581-2585, December, 1968.

3. Creighton, Helen. "Ten Commandments in Nursing," Nursing '73, 3:7-8 January, 1973.

4. Creighton, Helen, "The Malpractice Problem," The Nursing Clinics of North America, 9:425-433, September, 1974.

5. Hershey, Nathan, "When Is A Communication Privileged?" A.J.N., 70:112-113, January, 1970.

*6. Kelly, Lucie Young, "Institutional Licensure," Nursing Outlook, 21:566-572, September, 1973.

*7. _____. "Nursing Practice Acts," A.J.N., 74:1310-1319, July, 1974.

*8. Lambertson, Eleanor C., "The Changing Role of Nursing and Its Regulation," The Nursing Clinics of North America, 9:395-402, September, 1974.

*9. "Nursing Ethics: The Admirable Professional Standards of Nurses: A Survey Report," Nursing '74, 4:34-44, September, 1974.

10. Silva, Mary Cipriano, "Science, Ethics and Nursing," A.J.N., 74:2004-2007, November, 1974.

11. Stahl, Adele G., "State Boards of Nursing: Legal Aspects," The Nursing Clinics of North America, 9:505-512, September, 1974.

POST TEST: MODULE I

Fill in the following with the most appropriate answer.

1. Two functions of the State Board of Nurse Examiners are:

   a. approval of _____ and

   b. administration of _____.

2. The _____ limits membership in its association to registered professional nurses.

3. Accreditation of the nursing educational program at Delaware County Community College was through the _____.

4. _____ is an organized nurse-licensing authority, within each state, responsible for the licensing of all practical and professional nurses.

5. _____ is the autonomous national organization for nursing students in the U.S.A.

Match the following:

1. ____	Civil law	a. An action in violation of a state law.
2. ____	Liability	b. A law affecting relations between individuals.
3. ____	Negligence	c. A law affecting relations between individuals and the government.
4. ____	Crime	d. Legal responsibility to account for one's wrongful actions.
5. ____	Assault	e. A professional misconduct.
6. ____	Criminal Law	f. Omission of an action that a reasonable nurse would do.
7. ____	Tort	g. A negligent act resulting in an injury.
8. ____	Battery	h. Threatening another harm.
9. ____	Malpractice	i. Performance of an action that a reasonable nurse would not do.
		j. Causing physical harm to another.

Choose the correct answer for the following: Place an "A" if assault applied; a "B" if battery applied; an "N" if negligence applied; and a "P-J" if prudent judgment applied.

1. ____ Threatening to physically restrain a belligerent patient.

2. ____ Failure to administer pain medication when required.

3. ____ Restraining a confused patient in bed.

4. ____ Forcing a patient to take a pre-operative sleeping pill even if he/she refuses, because it was ordered by the physician.

5. ____ Failure to raise siderails on a confused patient.

6. ____ Giving A.M. care to an elderly patient even though the patient does not want the care.

7. ____ Failure to administer aspirin, as ordered, because the patient was not complaining of pain.

8. ____ Withholding pain medication until the desired time has elapsed.

9. ____ Forcing an undernourished adult to eat her prescribed diet.

10. ____ Failure to administer medication ordered p.r.n. when requested by the patient.

Practicum:

Respond appropriately to a legal situation presented by your instructor. Evaluation of response will be considred as to nursing and legal principles mentioned.

POST TEST: KEY

1. Nursing Education Programs

   State Licensing Examinations

2. ANA

3. NLN

4. State Board of Nurse Examiners

5. NSNA

1. B	6. C
2. D	7. G
3. F or I	8. J
4. A	9. E
5. H	

1. A	6. B
2. N	7. N
3. P-J	8. P-J
4. B	9. A
5. N	10. N

EVALUATION OF THE MODULE

Please complete an assessment of the module.

1. Do you feel the material dealt with in this module is relevant to your present or future needs?

   Yes _____ No _____

2. How much did you enjoy working through this unit?

   _____Very much Some_____ Very little _____ Not at all _____

3. Do you feel the module was:

   Too easy _____ Too hard _____ Too long _____

   interesting _____ enjoyable _____ concise _____

   understandable _____ Other _____

4. Indicate the learning experiences and activities you preferred for this module.

5. Did you receive adequate guidance and resources from the instructor?

6. I (do ___); (do not ___) feel the need for additional instruction on legal aspects in nursing.

   Additional Comments:

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